



Vermont Medicaid

High-Technology Nursing Program

Family Managed Program Manual

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Section 1 Overview of High-Technology Nursing

High-Technology Nursing Services (HTN) are intended for Medicaid Members diagnosed with a medically complex condition, who are technology dependent or who are living with complex medical needs, requiring specialized nursing skills or medical equipment. Eligibility for HTN is determined through an assessment of need by a state-authorized clinical provider. Covered services include ventilation via tracheotomy, skilled interventions for an unstable airway, and ongoing skilled observation and monitoring for eligible Members. HTN services may be provided by a Registered Nurse or Licensed Practical Nurse who is employed by a Medicaid enrolled home health agency (HHA), or who is directly enrolled with Vermont Medicaid.

High-Technology Nursing is fully described under the Agency of Human Services Health Care Administrative Rule 4.232, "[Medically Complex Nursing Services](#)."

This manual describes the requirements and process for HTN eligible individuals to receive services from a nurse who is directly enrolled with Vermont Medicaid.

1.1 Definitions

For the purpose of this document:

"Family-Managed" means services managed by a family member instead of being delivered by a home health agency (HHA) or Visiting Nurse Association (VNA). Instead, care is provided by a nurse working within the community who is directly enrolled with Medicaid. This option allows the family/caregivers greater flexibility over who delivers the service and when services occur to the eligible Member and their family/caregivers. It is different than agency-delivered services because an agency is not responsible for hiring, scheduling, and supervising the nurses.

"Primary Coordinator" refers to the individual most responsible for the operation of family managed HTN in cases when the Member cannot coordinate their own care. This person is identified as the main contact for the documentation and reporting requirements of the State, as well as the nurses providing the care. In most cases, this will be a parent, family member, or legal guardian.

1.2 Background and Purpose of Family-Managed Program

This alternative option for HTN was first piloted in 2002 and was called the "Family-Managed Nursing Initiative." The purpose of the pilot was to assist HTN-eligible individuals and their families to access medically necessary nursing services, especially in situations where the local home health agency (HHA) could not fully cover the Member's weekly allocation of nursing hours due to a shortage of nurses.

Offering a family-managed option is one way the State supports eligible individuals and their families to access medically necessary nursing care.

By allowing families to manage HTN services, Members can directly engage with nurses in their local communities without going through a home health agency. However, managing nursing services may not be appropriate for all HTN eligible Members and their families. The remainder of this manual describes the responsibilities and requirements for managing HTN.

1.3 Requirements for Participation

Family-managed HTN is an option for Medicaid Members who have been found eligible for services according to Health Care Administrative Rule 4.232, "[Medically Complex Nursing Services](#)."

Family-managed HTN is **voluntary**. Members retain the right to seek HTN-covered services from a HHA at any time. Members may choose to family-manage all or a portion of their HTN allocation. In these cases, Members may receive a portion of HTN they do not family-manage from an HHA.

Members can select who provides their nursing care and when this care occurs. It is the role of the **primary coordinator** to **recruit** and **schedule** nurses, as well as to decide when to stop services with a given nurse. The primary coordinator is also responsible for maintaining documentation to monitor the number of hours delivered to ensure that service provision does not exceed the number of hours authorized by the State. Nurses providing services must also review the hours delivered to verify that services provided do not exceed the hours authorized. The State will not reimburse for services provided in excess of what was authorized.

Family-managed HTN may be provided by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) who is **directly enrolled with Vermont Medicaid**. It is the responsibility of the nurse to complete the Medicaid enrollment process, which is available here, <https://vtmedicaid.com/#/provEnrollDataMaint>. Nurses who are not enrolled with Vermont Medicaid cannot submit claims for reimbursement.

All nursing care is provided as directed by the physician and treatment team. Nurses must work within their scope of practice. A comprehensive comparison of the activities included in an RN and an LPN's scope of practice can be found on the Vermont Secretary of State's website, located at [aprn-rn-lpn-scope-of-practice-2018-0709.pdf \(vermont.gov\)](#).

Nurses are responsible for **submitting claims** that correspond to units worked to Gainwell Technology (formerly "DXC"), the fiscal agent in charge of processing Vermont Medicaid claims and issuing payment to providers. The **primary coordinator** is responsible for maintaining documentation of overall utilization of the Member's HTN allocation, so that services do not exceed the authorized amount.

Nurses are expected to **document** all care provided during their shift. Minimum documentation requirements are described in Table 1. The primary coordinator must maintain a record of documentation and make the records available upon request.

A **parent or legal guardian may be reimbursed for providing family managed HTN** when that individual is:

- a. a registered nurse licensed in Vermont,
- b. is directly enrolled with Vermont Medicaid, and
- c. provides services as outlined in the Vermont Medicaid Policy for Parents and Guardians as Providers of Nursing Services.

Members and nurses enrolled with Vermont Medicaid must be able to assume all the responsibilities in Table 1.

Table 1. Roles and Responsibilities

Role	Responsibility
Primary Coordinator	Recruit, schedule, and manage nurses
	Maintain documentation of units of service provided within the limit of the Member's authorized amount
	Provide necessary documentation to the State upon request
	Facilitate and maintain documentation of care
Nurse	Enroll as provider with Vermont Medicaid
	Submit claims to Medicaid for reimbursement
	Complete documentation of care
Documentation of Care	<p>Nurses will, at minimum, document all the following for each shift of care provided:</p> <ul style="list-style-type: none"> • Start/end time • Medication administration record (MAR) • Assessment • Interventions • Outcomes • Safety Check

Section 2 Resources

For general information about the High-Tech Nursing Program or to inquire about the family managed HTN option, contact:

Children with Special Health Needs (CSHN) for children/youth under 21 years old:
<https://www.healthvermont.gov/family/special-health-needs/pediatric-high-tech-nursing>

Department of Disabilities and Independent Living (DAIL) for adults 21 years and older:
<https://asd.vermont.gov/services/adult-high-technology-services>

For nurses:

To enroll as a Vermont Medicaid provider, contact or visit:
<https://vtmedicaid.com/#/provEnrollInstructions>.

For billing questions:

If you have general questions, please contact Gainwell provider services at 800-925-1706 or visit <https://vtmedicaid.com/#/resources> and click on the Provider Representative Map.

Section 3 Enrollment with Vermont Medicaid

This guide is for nurses who are independently enrolled with Vermont Medicaid and providing services to Medicaid Members authorized services under the High-Tech Nursing Program. It is not intended for services provided through a Home Health Agency.

Thank you for your interest in becoming a Green Mountain Care healthcare professional. Provider participation is vital to the successful delivery of services to our Medicaid Members. We welcome your application.

With our online Provider Management Module, enrolling in Vermont Medicaid is fast and efficient. You are no longer required to submit paper application forms and supporting documentation. This can all be done online, tailored to your provider type, streamlining the process. This online process decreases the time you spend on filling out forms as well as decreasing the overall processing time of your application. To learn more about Vermont Medicaid's online Provider Management Module, please visit <https://vtmedicaid.com/#/home>.

In accordance with Section 6401 of the Affordable Care Act of 2010 (ACA), all enrolled and newly enrolling providers will be subject to federal screening requirements. State Medicaid Agency requirements are available for review at <https://www.cms.gov/Medicare/Provider-Enrollment-and-certification/MedicareProviderSupEnroll/ProviderEnrollmentRegulation.html>

Please visit the Provider Management Module at <https://vermont.hppcloud.com/>. To begin a new enrollment or to re-enroll, click Menu on the top left-hand corner of the screen. Select Provider Enrollment and then New Enrollment. Select independently billing Hi -Tech nurse.

Select provider **Type of T36 S22 for Registered Nurses** and **T36 S23 for LPN's**. The Provider enrollment team is available to assist at 802.879.4450, Option 4. Additional resources to help you enroll can be found at <https://vtmedicaid.com/#/provEnrollResources>.

Once you have been enrolled and have a provider # with Vermont Medicaid, you will need to look at the options for billing and the various requirements of each option.

Section 4 Billing for a Vermont Medicaid Member

The following codes should be used for billing by HTN providers enrolled in Vermont Medicaid. Please remember billing is done in 15-minute increments on CMS 1500 form or electronic claims forms. For reimbursement information visit the Vermont Medicaid Fee Schedule

<https://vtmedicaid.com/#/feeSchedule>.

Code	Modifier	RN/LPN Shifts
Per 15 minutes		
T1002	None	RN Day
T1002	UJ	RN Night
T1002	TV	RN Holiday/Weekend
T1003	None	LPN Day
T1003	UJ	LPN Night
T1003	TV	LPN Holiday/Weekend

Hours worked should be documented where services are rendered in order to meet audit criteria. Units billed must correlate with the hours documented.

Billing typically occurs after the end of the week services are provided. Claims must be submitted within 180 days of date of service. When submitting a bill, you will need to do each of the following:

1. Make sure you have and retain documentation of hours/units worked.
2. Submit a claim for units of treatment services to Gainwell.

Many options exist to bill Vermont Medicaid:

- Contract with a Vendor to do billing
- Use Gainwell's free software, PES
- Submit a Paper claim

Holidays that may be billed for are as follows:

- New Years
- Memorial Day
- Easter
- 4th of July
- Labor Day
- Thanksgiving
- Christmas

4.1 Paper Claims

If you want to bill on paper, no trading partner account is needed. You may simply mail your paper claims to Gainwell. Please note that paper claims do require additional processing time; electronic claims are able to be processed and paid more quickly.

- Full instruction for paper claims, go to the Vermont Medicaid website:
<https://vtmedicaid.com/assets/manuals/CMS1500UB04BillingGuide.pdf>

Proper coding must be adhered to use of CPT coding books and consultation with Provider office on diagnoses codes maybe helpful.

HEALTH INSURANCE CLAIM FORM									
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12									
PICA <input type="checkbox"/> <input type="checkbox"/>									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> BULK <input type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY		SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)			
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)					
CITY		STATE		CITY		STATE			
ZIP CODE		TELEPHONE (Include Area Code)		ZIP CODE		TELEPHONE (Include Area Code)			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER					
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous)		a. INSURED'S DATE OF BIRTH MM DD YY					
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		b. OTHER CLAIM ID (Designated by NUCC)					
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		c. INSURANCE PLAN NAME OR PROGRAM NAME					
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, complete items 9, 9a, and 9d.					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.									
SIGNED _____ DATE _____									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY		15. OTHER DATE QUAL MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		17b. NPI		20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Relate A-L to service line below (24b) ICD Ind: _____									
22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____									
23. PRIOR AUTHORIZATION NUMBER _____									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. I. ID. QUAL J. RENDERING PROVIDER ID. #									
1									
2									
3									
4									
5									
6									
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		28. TOTAL CHARGE \$		29. AMOUNT PAID \$	
30. Rvd for NUCC Use		31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH# ()			
SIGNED _____ DATE _____		a. NPI		b. NPI		a. NPI b. NPI			

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

4.2 Electronic Claims

If you want to bill electronically (PES or other software), you need a trading partner account.

- You may use Gainwell's free software, PES (<https://vtmedicaid.com/#/pes>), if you would like.

4.3 Trading Partner Account

1. Go to <https://vtmedicaid.com/#/hipaaTools>.
2. Print and fill out and sign the **Trading Partner Agreement** and **EDI Registration**.
3. Documents should be submitted via email to vtedicoordinator@gainwelltechnologies.com or via mail to PO BOX 888 Williston VT 05495.

Once Gainwell receives your documents, Gainwell will:

- a) Create test and production accounts.
- b) Send an email confirmation with your new account information and if you will be using PES, set up a time to assist with the download and installation of the PES software.

If you have questions about filling out the paperwork, please email Gainwell's EDI Coordinator at vtedicoordinator@gainwelltechnologies.com.

Section 5 System Set-Up

5.1 Equipment Requirements

Provider Electronic Solutions is designed to operate on a personal computer system with the following equipment requirements.

Please Note: PES is not compatible with Macs, Chromebooks, tablets or Windows 10/11 S Mode.

Minimum	Recommended
Windows 10	Windows 10 or higher
4 Gigabytes RAM	8 Gigabytes RAM
800 X 600 Resolution	1024 X 768 Resolution
Internet Connection	Internet Connection
WinZip	WinZip

5.2 Provider Electronic Solutions Software Media

The Provider Electronic Solutions application programs and files are located on Vermont Medicaid's web site at <https://vtmedicaid.com/#/pes>.

Section 6 Special Investigations Unit

Vermont Medicaid pays only for services that are actually provided and that are medically necessary. In filing a claim for reimbursement, the code(s) should be chosen that most accurately describes the service that was provided. It is a felony under Vermont law 33VSA Sec. 141(d) knowingly to do, attempt, or aid and abet in any of the following when seeking for receiving reimbursement from Vermont Medicaid:

- Billing for services not rendered or more services than actually performed
- Providing and billing for unnecessary services
- Billing for a higher level of services than actually performed
- Charging higher rates for services to Vermont Medicaid than other providers
- Coding billing records to get more reimbursement
- Misrepresenting an unallowable service on bill as another allowable service
- Falsely diagnosing so Vermont Medicaid will pay more for services

For more information on overpayments and potential interest charges, visit the General Provider Manual, section 6. <https://vtmedicaid.com/#/manuals>

Suspected fraud, waste or abuse should be reported to the DVHA Special Investigations Unit at <https://dvha.vermont.gov/providers/special-investigations-unit>, telephone 802.241.9210, or the Vermont Medicaid Fraud Control Unit of the Vermont's Attorney General's Office, telephone 802.828.5511.