



## March/April 2024 Advisory

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### 2024 You First Fee Schedule

The You First program has updated our Fee Schedule for 2024. Please review the [fee schedule](#) and review You First [membership eligibility](#). The You First program (formerly Ladies First) is able to pay for heart health, breast and cervical cancer screenings for eligible Vermonters.

We appreciate any referrals to our program and are available by phone and email for any questions from providers, billers, and potential members. Learn more about us by visiting our [website](#), calling 1-800-508-2222, or emailing [YouFirst@vermont.gov](mailto:YouFirst@vermont.gov).

### Patient Share Dollars/Patient in a Skilled Nursing Facility (SNF)

Please be reminded the use of reason code 077/Patient Long Term Care Liability – is restricted to use by the member’s designated Highest Paid Provider. And only when there are not enough billed days of service on the claim for the patient share to have been automatically deducted on the claim.

If a member goes to a skilled nursing facility and the services you billed were not provided to the member, the appropriate reason code to use is 066/Recipient Did Not Receive Service, on your refund form to Gainwell.

Gainwell will be returning to provider any refund checks received with reason 077 and you are not the members identified Highest Paid Provider. You and the member will have previously received a notice from the State of Vermont, letting you know you are their highest paid provider. If you have not received the notice, do not use reason 077 on the refund form.

## Continuous Medicaid Eligibility for Children Under Age 19

Starting this year, all children enrolled in **Dr. Dynasaur Medicaid coverage** will now get **12 months of protected continuous enrollment**.\*\* Other Medicaid programs for children also benefitting from continuous coverage include - Disabled Children's Home Care (DCHC/Katie Beckett), SSI Medicaid, and foster children. The extended coverage means that once children under the age of 19 qualify for Medicaid, even if they no longer qualify, they typically will not lose coverage until their annual enrollment period.

"Children are among our most vulnerable people in Vermont, and avoiding gaps in health insurance is the right thing to do for our kids," said Jenney Samuelson, Secretary of Vermont's Agency of Human Services. "High-quality health care supports children's well-being along with outside factors such as school readiness."

### What does it mean?

Under the new rules, children can stay on Medicaid for 12 months after they are first enrolled, or their eligibility is renewed, with a few exceptions. Their coverage will **not be terminated** before they have completed 12 months of continuous enrollment. Children will **continue to be eligible to receive Dr. Dynasaur**, even if there was a change making others in their household ineligible for Medicaid.

\*\*However, there are exceptions where continuous coverage may be terminated. These include:

- If the child turns 19 years old
- If the child is no longer a Vermont resident
- If there is a request for coverage to end
- If there is no response to non-financial verification requests

### An Important New Benefit

Having health insurance is a protective factor that keeps the door open to health care services and helps Vermonters avoid expensive medical bills. **The coverage change means that in many cases, children will be covered by Medicaid for longer.** Importantly, this can reduce gaps in health coverage for children.

"Extending Medicaid coverage for children is bound to have positive effects on children's health and well-being in the short and long term, and it helps Vermonters avoid surprise medical bills," said DVHA Acting Commissioner Addie Strumolo, "Vermont's Medicaid program is comprehensive and shows our commitment to health and well-being for our whole population."

### How You Can Help

We are now nearly a year into the [Medicaid renewal process \(https://dvha.vermont.gov/unwinding\)](https://dvha.vermont.gov/unwinding). It is still ongoing. We would like you to build awareness amongst your patients and staff that if an adult family member no longer qualifies for Medicaid, the child may still be eligible for Dr. Dynasaur. Please remind them to **REVIEW the information in the RED-STRIPED envelope** we mailed to them and **FILL OUT and RETURN the form** as soon as possible to renew. Help us keep Vermont covered.

## Innovative Chronic Pain Care Pilot Launched for Vermonters

Beginning in November 2023, DVHA and the University of Vermont (UVM) Medical Center launched a Vermont Medicaid-covered pilot program for members to participate in the Partners Aligned in Transformative Healing (PATH) program. This innovative program is offered through UVM Medical

Center's Comprehensive Pain Program, a clinical arm of the Osher Center for Integrative Health at UVM. Up to 100 Medicaid members experiencing chronic pain can participate in the pilot program. Chronic pain is defined as pain lasting three months or longer that affects or has the potential to affect, mental health, the ability to work, and family or social relationships.

Launched in 2019, PATH is a 16-week outpatient program that approaches chronic pain from a “whole person” perspective, melding conventional medical treatment with complementary therapies. Through the program, participants are afforded access to a range of integrative therapies – many, such as reiki, massage therapy, culinary medicine, and yoga, not previously covered by Medicaid. In addition, participants engage in group therapy along with a variety of other therapies, including psychologically informed physical therapy, health coaching, nutrition, and occupational therapy. The program has demonstrated success in improving participants' level of comfort and the ability to engage in activities meaningful in optimizing the quality of each individual's life. By treating chronic pain holistically, PATH participants gain a variety of skills and techniques to manage symptoms, increase comfort, and improve function.

Access to this approach to care for Medicaid members is a first nationally. Only a few comprehensive programs of this type currently exist in the United States, and their costs can easily put them out of reach for many. The PATH program is unique in this regard. DHVA and the UVM Medical Center have collaborated on an innovative bundled payment model that allows patients access to the full program for one fixed price, rather than billing separately for each visit and service type.

PATH participants must meet certain eligibility criteria and are referred to the program by their physician. Each cohort is limited to 10-12 people, and group work is a core component of the approach.

For more information about the Comprehensive Pain Program, visit the UVM Osher Center website: <https://www.uvmhealth.org/medcenter/departments-and-programs/comprehensive-pain-program>. For questions regarding the bundled payment model, please contact the Provider Call Center at 800-925-1706.

## **HEDIS Performance Measure Medical Record Review (MRR) Requests**

**HEDIS** stands for **Healthcare Effectiveness Data and Information Set** and is one of the most widely used sets of health care performance measures in the United States. Medicaid (and commercial) plans across the country produce them to measure health plan processes and member health outcomes. To produce some of the HEDIS measures, DVHA must request members’ medical records from providers and then trained clinicians review pieces of the member’s record for information that doesn’t show up through claims processing. This includes information like lab results, documentation of certain screening tools being used, even a member’s height, weight, or blood pressure.

DVHA has contracted with a company named Cotiviti to retrieve medical records from providers for five hybrid measures. Cotiviti will launch the record retrieval in April 2024. You may receive a letter requesting records for one or more of your patients that qualify for these measures. The top of the letter will have DVHA’s logo on it and the bottom will be signed by DVHA’s Chief Medical Officer Dr. Michael Rapaport.

Please pay close attention to the HEDIS Measure Requirements and Dates of Service on both the Measure Page and/or the Patient List and only submit the type of record requested within the stated time frame. Providers are required to participate at no cost, as stated in your signed [Medicaid Provider Enrollment Agreement: ARTICLE VI. AUDIT INSPECTION](#). DVHA may enforce a 10% withholding of all VT Medicaid payments for providers that do not submit the required medical records at no cost within ten (10) business days.

For more information, please click here: <https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>

## Telehealth Coding Update

Effective 1/1/24, Telehealth coding for place of service and modifier guidance given during the Public Health Emergency (PHE) period no longer applies. Vermont Medicaid updated the following changes to telehealth coding:

- Place of Service code 10 - Telehealth Provided in Patient's Home
- Place of Service code 02 - Telehealth Provided Other than in Patient's Home

Current Procedural Terminology (CPT) Code Modifier 93 for Telemedicine services delivered via audio-only telecommunications should be billed for clinically appropriate services delivered via telephone. Modifier 93 replaces the use of modifier V3. A list of allowable audio-only service codes can be found on the DVHA website. VT Medicaid follows Medicare place of service guidelines, CPT, and Healthcare Common Procedure Coding System (HCPCS) modifiers as indicated in the VT Medicaid General Billing and Forms Manual.

## Provider Resources

[VT Medicaid Website](#)

[VT Medicaid Contact Information](#)

[DVHA Website](#)

[DVHA Contact Information](#)



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