



May/June 2021 Advisory

Inside This Issue

Gainwell Technologies Addresses

Updates on New Tobacco Guidelines and Benefits Available to Support your Patients in Quitting

Final Program Year 2021 Attestation Window for the Promoting Interoperability Program is Open

Obtaining Vermont Medicaid Authorization for Shower and Bath Chairs

Electronic Visit Verification

Chart Requests for 2021 Medical Record Review (MRR)

Be Sure to Keep Information Up to Date

Hypertension Management Project and Resources

Claim Submission Review and Accuracy

Gainwell Technologies Addresses

When sending claims, correspondences or checks to Gainwell – please be sure you are sending them to the correct address as noted below.

Claims, Paper enrollment forms, EFT Enrollment forms, general correspondences:

Gainwell Technologies, LLC
PO Box 888
Williston, VT 05495

Refund Checks, 340B Correspondences, TPL-Post Payment Review Documents, SPAP Payments, Insurance Carrier Payments to VT Medicaid:

Gainwell Technologies, LLC
PO Box 1645
Williston, VT 05495

Deliveries only:

Gainwell Technologies, LLC
312 Hurricane Lane, Suite 101
Williston, VT 05495

Drug Rebate Refunds:

Do NOT send to Gainwell – please send to the lockbox address indicated on your invoice.

In addition, be sure to update our name in your systems. Items are still being received with our old names. All systems should be updated to our new name, Gainwell Technologies.

Old Names – DO NOT Use:

EDS/Electronic Data Systems
HP/Hewlett Packard
HPES/Hewlett Packard Enterprise Services
DXC Technology, LLC

New Name – USE:

Gainwell Technologies, LLC



Updates on New Tobacco Guidelines and Benefits Available to Support your Patients in Quitting

1. Thank you, clinicians, from DVHA and the Health Department! You have helped increase cessation activity and decrease smoking among members. The percentage of providers discussing cessation strategies with patients nearly doubled from 2014 to 2018. Read the [infographic](#).

Talking to your patients about their tobacco use can increase their odds of quitting. Vermont Medicaid coverage includes up to 16 face-to-face tobacco cessation counseling sessions per calendar year for eligible members of any age who use tobacco or vape products. You can be reimbursed for intermediate (3-10 minutes, CPT code 99406) or intensive counseling (over 10 minutes) in person or during a tele-health session. Understand the tobacco cessation [CPT codes](#) and their definitions, and the wide range of smoking cessation products for which no prior authorization is required. The list of available products can be found on the [Preferred Drug List](#).

2. Now your patients who use tobacco/nicotine and want to quit can earn up to \$250 when they enroll in 802Quits treatment programs. Patients may choose from phone, online or text cessation support. This [reward](#) is available to Vermonters 18 or older who are Medicaid insured or uninsured or pregnant.
3. The US Preventive Services Task Force (USPSTF) and the American Thoracic Society (ATS) published new guidelines on primary care-based interventions to promote tobacco cessation in adults. The recommendations include:
 - o Varenicline over a nicotine patch at treatment initiation.
 - o Beginning treatment with varenicline rather than waiting until patients are ready to quit.

[Read the ATS recommendations](#) in the American Journal of Respiratory and Critical Care Medicine or watch a two-minute [video](#). Read the [USPSTF recommendation statement published in JAMA](#).

Final Program Year 2021 Attestation Window for the Promoting Interoperability Program is Open

The Vermont Medicaid Promoting Interoperability Program (PIP)/Electronic Health Record Incentive Program (EHRIP) team would like to remind providers that the submission window for PY2021 applications opened on April 30, 2021 and will close on July 31, 2021. All Eligible Professionals who have received at least one payment from the Medicaid PIP/EHRIP are qualified to continue participation until they have participated for six (6) Program Years.

It is important to remember that the PIP/EHRIP program sunsets at the end of 2021, meaning that **this is the final attestation period**. All payments will be completed by December 31, 2021. The reporting period for PY2021 will be 90-days (including the CQM reporting period) and must occur before the end of the attestation window. Objectives and measures for PY2021 are unchanged from those of PY2020.

Learn more about PIP/EHRIP reporting and documentation requirements and review the guidance for Stage 3 Meaningful Use criteria at our website: <https://healthdata.vermont.gov/ehrip>.

We also offer customized web-based consultations. If you would like to request a consultation or have any additional questions, email us at: ahs.dvhaEHRIP@vermont.gov.



Obtaining Vermont Medicaid Authorization for Shower and Bath Chairs

The Department of Vermont Health Access (DVHA) has created a PowerPoint presentation titled **Obtaining shower/ Bath Chairs for Vermont Medicaid Members**. This presentation is available on the Vermont Health Learn Platform at: <https://catalog.vthl.org/catalog?pagename=Courses>. The presentation includes three modules. The first module will help to determine if a shower or bath chair is medically necessary. The second module will help to understand the types of shower and bath chairs available, and how to decide which is appropriate for a specific person. The final module will focus on how to successfully submit a request for Vermont Medicaid coverage for shower and bath chairs. Each module will take less than 15 minutes.

We hope that providers will find the presentation interesting and helpful. Please complete the brief survey at the end of the presentation. This presentation is the fourth of many that DVHA will be posting. The goal is to assist providers in understanding Vermont Medicaid's coverage, to better serve Medicaid members. Future presentations will include information on medical equipment, procedures, and services.

Providers who have ideas for helpful presentations are invited to contact AHS.DVHAClinicalServicesTeam@vermont.gov.

Electronic Visit Verification

Electronic Visit Verification (EVV) is a telephone and computer-based system that records details about home-based personal care visits for Medicaid participants in the Consumer-Directed Programs of Children's Personal Care, Choices for Care (including Flexible Choices & Moderate Needs Group), Attendant Services Program, and the Traumatic Brain Injury Program. EVV was successfully launched on January 1st, 2021 in compliance with federal requirements outlined in the [21st Century Cures Act](#).

EVV provides various methods to record visits to address barriers associated with access to technology. Care providers can use a smartphone app or landline to record the time they start and end services. The smartphone app can be used without a cell or Wi-Fi signal and uses the same amount of data as an average text message. Care recipients or their employer will use an EVV Portal website to review, correct, and approve visit details. [ARIS Solutions](#) has a dedicated EVV Support Team to assist with visit maintenance for those without internet access.

EVV is also designed to help with the payroll process EVV visit details will feed automatically into E-Timesheets and can generate a timesheet report with visit times that can be entered onto a manual timesheet. While EVV can be used to record all in-home visits, it is not required when the care provider lives in the home with the recipient or when services are provided entirely outside the home.

Communication and training continue to be a focus to help with EVV adoption. An online learning platform provides access to downloadable quick reference guides and user manuals, as well as an On-Demand Online Video Library. The Online Video Library includes recorded webinars with closed captioning and American Sign Language in addition to a series of "how-to" video clips. Alternate language support is also available.

For more information on EVV please visit <https://dvha.vermont.gov/initiatives/electronic-visit-verification> or view our [Frequently Asked Questions](#) resource.



Chart Requests for 2021 Medical Record Review (MRR)

The Healthcare Effectiveness Data and Information Set (HEDIS) is one of the most widely used sets of health care performance measures in the United States. 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 does not 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.

In 2021, DVHA is performing a medical record review for four (4) HEDIS performance measures and has contracted with a company named **Cotiviti** to retrieve medical records from providers. Cotiviti launched the record retrieval in early April 2021. You may have received a letter requesting records for one or more of your patients that qualify for these measures. The top of the letter has DVHA's logo and it is signed by DVHA's Chief Medical Officer, Dr. Scott Strenio: [Example 2021 Cover Letter](#). Please be sure to submit the records in a timely manner.

If you have already submitted the requested records, thank you! **If you have not, please pay close attention to the HEDIS Measure Requirements and Date of Service on both the Measure Page and/or the Patient List and only submit the type of record requested within the stated timeframe.**

- [Example 2021 Member Request Form](#)
- [Example 2021 Member List Request Form](#)

Selected 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. **In May and June of 2021, DVHA's Member and Provider Services (MPS) Unit will be out-reaching providers who have yet to submit their records.**

Gainwell and DVHA held a webinar for providers on the Medical Record Review on 04/21. A recording of that webinar is available, please contact your Provider Relations Representative for more information.

Also for more information, please see our website: <https://dvha.vermont.gov/providers/audits/hedis-hybrid-measure-medical-record-review-mrr>.

Be Sure to Keep Information Up to Date

Providers, be sure you are keeping information up to date by utilizing the Provider Management Module Provider Portal. Changes specific to demographics, group affiliation, and address information can be updated using the portal. Failure to update provider information can result in denied claims, undeliverable correspondence or delayed claims' payment. If you do not have a Provider Management Module Provider Portal username and password please follow this link to gain access. <http://www.vtmedicaid.com/#/invitation>



Hypertension Management Project and Resources

Vermont Medicaid and OneCare VT's Quality Committees routinely align our work related to performance improvement projects. Both organizations regularly assess health outcomes for the populations we serve. This is done in part by producing key quality performance measures and analyzing our results. When this analysis indicates opportunities for improvement, we often partner together on new strategies and communication. This year we've joined forces with the Vermont Department of Health and are launching a project focused on management of hypertension (HTN).

A common measure that health plans/organizations use to monitor their members with hypertension is the HEDIS measure Controlling High Blood Pressure (CBP) which looks at the % of adults who have been diagnosed with hypertension and whose blood pressure is adequately controlled (<140/90 mm Hg). Not only did our research into this measure reveal room for improvement with our rates, but also some changes to how this measure is calculated that we feel are important for providers and their patients to be aware of. In particular, the fact that self-reported blood pressure (BP) readings are much more common now (given the COVID-19 pandemic and the marked increase in video and/or telephone visits) and can be counted when calculating the CBP measure should be noted.

Our project strategies will revolve around making blood pressure (BP) cuffs accessible and affordable, encouraging patients to join educational workshops that promote the importance of self-monitoring BPs and raising awareness amongst providers about measuring, diagnosing and documenting these BP readings in patient charts. Our team hopes that these interventions will enhance both care management and quality measure (CBP) data collection.

As our team develops resources (patient and provider tip sheets) and connections (to online self-management workshops and Health Coaches for Hypertension Training courses) we will update our provider networks via regular newsletter and banner updates. Currently, you can access provider and patient tip sheets for controlling high blood pressure here on the Vermont Health Learn website: <https://catalog.vthl.org/catalog?pagename=Courses>. The banner announcing upcoming hypertension management workshops can be seen here on the MyHealthyVT.org website: <https://myhealthyvt.org/>.

Claim Submission Review and Accuracy

The DVHA and Gainwell would like to remind providers that it is vital to review the accuracy of the information on your claims prior to submission. It is also important to notify Gainwell of any changes to your organization that may affect your claims submission. The DVHA and Gainwell have seen an increased number of requests to retro terminate contracts for providers from the VT Medicaid program. When Gainwell receives a request to retro terminate a provider, a review is conducted in order to ensure no claims have processed since the requested date of termination. If a claim has been processed with a date of service after the requested termination date, Gainwell will recoup those services from the billing provider, as all providers on your claim (billing/attending/referring/ordering/prescribing) must be actively enrolled with VT Medicaid on the date of service. In order to avoid such recoups, please be sure to review your claims for accuracy before you submit them for processing and notify Gainwell in a timely manner when a provider has terminated from your group or practice. The Termination Notice form can be found at <http://vtmedicaid.com/assets/provEnroll/TerminationNotice.pdf>.



Provider Resources

Provider Manuals: <http://www.vtmedicaid.com/#/manuals>

Provider Resources: <http://www.vtmedicaid.com/#/resources>

VT Medicaid Banner: <http://www.vtmedicaid.com/#/bannerMain>

Provider Enrollment Resources: <http://www.vtmedicaid.com/#/provEnrollDataMaint>

To request a digital copy of the advisory, please email vtpubs-comm@gainwelltechnologies.com

Please make sure to check the Banner regularly for the most up-to-date information.



Gainwell Technologies

312 Hurricane Lane, Suite 101, Williston, VT 05495

Hours of Operation (Provider Services):

Monday - Friday: 8:00AM to 5:00PM

Out-of-State Phone: 802.878.7871

In-State Phone: 800.925.1706

Fax: 802.878.3440

<http://www.vtmedicaid.com/#/home>



AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Department Of Vermont Health Access

280 State Drive, NOB 1 South, Waterbury, VT 05671

Hours of Operation:

Monday - Friday: 7:45AM to 4:30PM

Phone: 802.879.5900

Fax: 802.241.0260

<http://dvha.vermont.gov>

DISCLAIMER: CPT® is a registered trademark of the American Medical Association (AMA). Current Procedural Terminology / CPT® codes, descriptors, and other data only are copyright 2012 AMA. All Rights Reserved. Applicable FARS/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.