Department of Vermont Health Access November 2019 Advisory

INSIDE THIS ISSUE

VT Medicaid Promoting Interoperability/EHR Incentive Program Updates

Important Changes to Coverage for Continuous Glucose Monitoring (CGM) Systems and Supplies

Additions to the Clinical Operations Unit Activities

VT Medicaid Promoting Interoperability/EHR Incentive Program Updates

Beginning with the 2019 reporting year period, and for the remainder of the program which goes through 2021, all participants in the Promoting Interoperability/EHR Incentive Program must be utilizing an EHR system certified to 2015 Edition standards, and must meet Stage 3 Meaningful Use requirements.

The Vermont Medicaid PIP/EHRIP Team is ready to answer all your questions regarding ongoing provider participation.

We have guidance and documentation aids posted at our PY2019 webpage to help providers align their Meaningful Use Stage 3 criteria, as well as the other requirements for PY2019 applications.

We also encourage you to schedule a consultation with us, to step through the unique details of your organization, your Eligible Professionals' past payment history, and to maximize the number EPs who are qualified to continue receiving payments through 2021.

Send us an email at: ahs.dvhaEHRIP@vermont.gov.

Important Changes to Coverage for Continuous Glucose Monitoring (CGM) Systems and Supplies

Effective 10/01/19, preferred Continuous Glucose Monitoring (CGM) systems and supplies will be available through retail pharmacy channels in addition to current DME provider channels. Prescribers may send prescriptions electronically to the pharmacy or hand write prescriptions for patients. Claims will adjudicate in "real time" through the Pharmacy Point of Sale (POS) system which will allow for faster and easier access for patients.

The process for prior authorization (PA) submission and the clinical criteria for use are also changing. The criteria and PA forms are posted on the DVHA website at: https://dvha.vermont.gov/for-providers/preferred-drug-list-clinical-criteria/view. Regardless of whether you choose to use the retail pharmacy channel or the DME channel, all prior authorization requests must be submitted **via fax to Change Healthcare at 844-679-5366**. Prior authorization is required for both new and existing patients and will apply to all CGM supplies including transmitters, receivers, and sensors. Please note that many new devices do not require the use of a separate receiver, and patients may prefer to use a "smart device" such as a cell phone, in lieu of a receiver.

Providers whose patients have a current PA on file and wish to transition from DME to the pharmacy benefit should contact Change Healthcare by phone to help ensure a smooth transition and minimize provider burden.

HCPCS Codes affected by the change: A9276 - Sensor, A9277 - Transmitter, and A9278 - Receiver (Monitor)

Effective 10/01/19, the following products will be available through pharmacies and DME providers, pending PA approval:

PRODUCT NAME	NATIONAL DRUG CODE (NDC)	QUANTITY LIMITS
Freestyle Libre (10-day) Sensor	57599-0000-19	9 sensors per 90 days
Freestyle Libre (10-day) Reader	57599-0000-21	1
Freestyle Libre (14-day) Sensor	57599-0001-01	6 sensors per 84 days
Freestyle Libre (14-day) Reader	57599-0002-00	1
Dexcom G6 Transmitter	08627-0016-01	1 per 90 days
Dexcom G6 Sensor	08627-0053-03	9 sensors per 90 days
Dexcom G6 Receiver	08627-0091-11	1

The following NDC's will continue being dispensed via medical/DME channels only, pending PA approval:

PRODUCT NAME	NATIONAL DRUG CODE (NDC)	QUANTITY LIMITS
Medtronic Enlite Sensors (for use with the MM530G and Revel Pumps)	76300-0008-05	
Medtronic Guardian Sensor (for use with MM630G and MM670G pumps and the Guardian Connect	43169-0704-05	

Medtronic MiniLink Transmitter		
(includes Enlite serter)	76300-0725-01	1 per 90 days
Medtronic 630G Guardian Press Starter Transmitter Kit	43169-0800-40	1 per 90 days
Medtronic 670G Guardian Link 3 Transmitter Kit	43169-0955-68	1 per 90 days
Medtronic Guardian Connect Transmitter	76300-0002-60	1 per 90 days

A 72-hour short term CGM trial is no longer required, and the PA will be removed for the following CPT codes: 95249, 95250, or 95251.

Approval of non-preferred products will be limited to cases where the CGM is directly integrated with the patient's insulin pump. The make and model of pump must be documented on the prior authorization.

For questions, please contact Laurie Brady at the Change Healthcare Pharmacy Help Desk at 1-802-922-9232. Vermont providers can also send inquiries via email to PBA_VTHelpdesk@changehealthcare.com. Thank you for your continued support of Vermont's clinical pharmacy programs.

Additions to the Clinical Operations Unit Activities

With the evolution of payment reform and the Accountable Care Organization (ACO) methodology, prior authorization will no longer be required for many services with few exceptions. Moving forward, the Clinical Operations Unit (COU) will employ clinical audit, an additional technique, for the tasks of utilization monitoring and management. Clinical audit involves retrospective review of clinical documentation. The aim of the clinical audit is to monitor and ensure appropriate use of health care services.

Upon initiation of a clinical audit, the DVHA COU will contact the provider or facility with instructions for medical record submission when appropriate. The COU will communicate process details and specifics required to process requests at the time of the record request. Per Medicaid Rules 7105.2 and 7106.2 (http://humanservices.vermont.gov/on-line-rules/dvha), failure to make available requested records can lead to grounds for sanctioning providers including withholding of payments.

Though not exhaustive, a few areas of interest for clinical audit include services for which prior authorization is no longer effective, targeted review of inpatient hospitalizations, and data-driven review of services where significant changes in utilization pattern are identified. The COU will aim to work with facilities and providers to provide education related to audit findings and collaborate with other DVHA units such as Program Integrity, when appropriate and as necessary.

The clinical audit program will kick off effective 11/1/19. Additional communication related to this can be found on the banner pagers located on the Vermont Medicaid Portal at vtmedicaid.com and within the Provider Manuals General Billing and Forms Manual. Communications will also be sent out to state and network organizations and hospital facilities. Future updates and news related to the clinical audit program will occur via banner pages. Questions can be directed to the DVHA COU via phone at (802) 879-5903 or email at AHS.DVHAClinicalOps@vermont.gov.

Provider Resources

Provider Manuals: *http://www.vtmedicaid.com/#/manuals*
Provider Resources: *http://www.vtmedicaid.com/#/resources*
VT Medicaid Banner: *http://www.vtmedicaid.com/#/bannerMain*
Please make sure to check the Banner regularly for the most up-to-date information.
Provider Enrollment Application Packets: *http://www.vtmedicaid.com/#/provEnrollAppPackets*

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

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