



Department of Vermont Health Access September 2019 Advisory

2019 Annual Provider Survey

DXC Technology invites all Vermont Medicaid providers to participate in the Annual Provider Survey. We want to hear your thoughts on the assistance that Provider Services delivers to the Vermont Medicaid provider community.

Please visit <https://www.surveymonkey.com/r/L7YTQW9> and complete the survey.

Providers with no internet access may request a paper copy by contacting the Provider Help Desk at 802.878.7871 (out-of-state) or 800.925.1706 (in-state).

The deadline for all surveys is September 30, 2019.

340B-Eligible Drug Modifier Change

Effective for Dates of Services on or after January 1, 2020, DVHA will **require** the use of the **TB** modifier on all 340B-eligible drug codes for Medicaid primary claims. This modifier replaces the UD modifier currently used for the 340B drug discount program. DVHA will accept the TB or JG modifier on secondary/crossover claims. The UD modifier will no longer be accepted to identify 340B after 1/1/2020. Any claims received with the UD modifier after 12/31/2019 will be denied.

TB modifier definition: Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes.

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Telemedicine Service Delivery Gaining Momentum and Alignment

We're all hearing more about telemedicine lately and you may be weighing the pros and cons of this investment within your own practice. For those providers who are just starting to learn about this type of care delivery, we've included some basic information below. For those who are interested but may be wondering if telehealth efforts are aligned in the state, this article may also answer some of your initial questions.

What is telehealth?

Telehealth means methods for healthcare service delivery using telecommunications technologies. Telehealth includes telemedicine, store and forward, and telemonitoring.

The term telehealth is also often used more generally to describe electronic information and telecommunications technologies to support long-distance clinical healthcare, as well as patient and professional health-related education, public health and health administration.

What is telemedicine?

Telemedicine means health care delivered by a provider who is located at a distant site to a beneficiary at an originating site for purposes of evaluation, diagnosis, consultation, or treatment using telecommunications technology via two-way, real-time, audio and video interactive communication, through a secure connection that complies with HIPAA.

The term "telemedicine" is sometimes used interchangeably with "telehealth." Telemedicine includes: Real-time, audio-video communication tools that connect providers and patients in different locations. Tools can include interactive videoconferencing or videoconferencing using mobile health (mHealth) applications (apps) that are used on a computer or hand-held mobile device.

Is telemedicine a covered service under Vermont Medicaid?

Yes - this type of service is reimbursable through VT Medicaid as long as it is clinically appropriate and within the provider's licensed scope of practice. This includes the provision of mental health and substance use disorder treatment. Vermont Medicaid has an established telemedicine Place of Service (POS) code 02 (Telehealth) for use by practitioners providing telehealth services from off site.

Note: Audio-only or written interactions, such as communication by telephone, email, instant messaging, fax or online questionnaires are generally not considered telemedicine and are not covered services under Vermont Medicaid.

Telemedicine Alignment around the State:

VT Medicaid, alone, has multiple initiatives underway that focus on telehealth service delivery. DVHA's Quality Improvement Unit is leading a Performance Improvement Project (PIP) centered on the topic of improving substance use disorder treatment initiation. Our current intervention strategy is the promotion of telemedicine as another avenue for members to access behavioral health treatment services. Additionally, DVHA's Clinical Operations Unit is exploring telemedicine services for Medicaid members with medical needs, including complex re/habilitation equipment. This is happening 1) through a study that explores the use of telehealth by Assistive Technology Personnel (ATP) and rehabilitation therapists, and 2) through in-services and meetings with providers.

DVHA will also be participating in a state-wide telehealth stakeholder work group that is currently in the forming stages. This group will include representatives from organizations around the state, in-

cluding payers, and will be key to the roll out of a more aligned vision of telehealth service provision within the state. Look for more information via email and/or these Advisory articles later this summer about a provider needs assessment survey and follow-up telehealth learning session.

Current Resources:

Until then, many providers and practices have expressed an interest in telemedicine but want information on how to start and have indicated that identifying, selecting, and implementing a platform for service delivery can be challenging. If that's the case for you, this article may contain useful information as you consider providing telemedicine: [telehealth platform article](#)

Looking for a place to start your research? Platforms currently being used in Vermont include VSee, American Well, Doxy.me and VTConnect.

We have also developed a section on the DVHA website for providers devoted to telehealth information: [Telehealth – Department of Vermont Health Access](#). This site includes a section called “Implementing a Telehealth Platform: Information, Training & Technical Assistance Resources” with linked articles and webinar slide decks.

Again, look for more information about a telehealth provider needs assessment and follow-up learning session in the coming months.

When to Use the Medicare Attachment Summary Form (MASF)

Providers are reminded when submitting a Medicare crossover claim on paper a Medicare Attachment Summary Form (MASF) must be attached anytime there is Deductible, Coinsurance or a payment made by Medicare. Otherwise a Medicare Attachment Summary Form should not be attached.

If the service or item is denied by Medicare, a completed claim along with the Medicare EOB should be submitted. Providers have six months from the Medicare paid/denied date to submit a claim. Providers can find the MASF for the CMS-1500 and UB-04 here: <http://www.vtmedicaid.com/#/forms>.

Claims with Deductible, Coinsurance or a payment made by Medicare can also be submitted electronically, which will eliminate the need to submit paper claims.

Adult Dental Benefit Changes Planned for January 1, 2020

Good news! Changes are coming to the Medicaid dental benefit for Medicaid members age 21 and older. These changes are planned to take effect January 1, 2020. The changes include:

- Increasing the annual maximum dollar limit on adult dental services from \$510 to \$1,000 per member per calendar year;
- Up to 2 visits for preventive services, outside of the annual maximum dollar limit and with no co-payment, per calendar year.

Look for more details to come!

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@dx.com

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