Vermont Medicaid Banner
Please share the information contained in the Banner with all staff members.
To access Full Banners, please visit:  http://vtmedicaid.com/#/bannerMain

April 12, 2019

Bill Monthly for Hospice Claims
The Department of Vermont Health Access (DVHA) and DXC Technology would like to remind providers that when billing Hospice services, it is required that claims are billed monthly, to ensure accurate and efficient claims processing. Hospice services should not be billed weekly or bi-weekly as that may result in delayed processing times and/or denials.

In addition, submit the documentation to CMS in advance of the claim submission to DXC. If CMS has not received the paperwork the claim will be denied as the Medicare information must cross from CMS to VT Medicaid for the claim to be paid.

Choosing the Right Telehealth Platform for your Practice
Vermont Medicaid is currently working on a project to improve the rates of substance use disorder treatment initiation and engagement. This includes treatment for all substances, not just opioids. Our team is promoting the use of telemedicine as an additional treatment option. We have interviewed Vermont providers who are currently delivering services to their clients via telemedicine technology. We have also developed a section on the DVHA website for providers devoted to telehealth information: Telehealth — Department of Vermont Health Access

Many providers/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:  https://mhealthintelligence.com/features/picking-the-right-telehealth-platform-for-a-small-or-solo-practice

Looking for a place to start your research? Platforms currently being used in Vermont include VSee, American Well, and VTConnect. We are continuing to learn more about Telemedicine and will share information as available.
Current Forms Are Required
Vermont Medicaid regularly updates its forms and applications to reflect current state and federal requirements. All provider paperwork, including enrollment applications and forms, adjustment forms and refund forms, submitted on outdated versions, will be returned. Providers are encouraged to always check for the most current forms on the Vermont Medicaid website.
www.vtmedicaid.com/#/

Faster Easier Ways to Check Eligibility
Want to obtain member eligibility status quickly and efficiently? We offer two automated ways to verify eligibility.

The Voice Response System (VRS) service is available 24 hours a day, 7 days a week and can often be quicker than calling into our Provider Call Center. To use the VRS, please call 802-878-7871, option 1, and then option 1 again.

Providers may also choose to use the VT Medicaid Web Portal by going to www.vtmedicaid.com/#/, navigate to Transactions, and then Login. You may sign up for this service on the portal. For any issues with the web portal, please contact the EDI Coordinator at: 802-879-4450, option 3.

Provider Management Module Launch
The Department of Vermont Health Access (DVHA), in partnership with DXC Technology, is excited to announce a launch date of 5/1/2019 for the new and more efficient Provider Management Module (PMM).

We ask that you please continue to hold off on submitting any new applications. Applications that have been submitted since 1/18/19 have been reviewed for accuracy and completion and may have been completed.

Once the module is live, the applications we currently have will be processed by DXC in the order they were received. All paper applications will be entered into the module no later than 7/1/19.

Any providers who are actively practicing between the dates of 1/18/19 and 5/1/19 and need expedited enrollment may request priority processing by including a cover letter outlining your need and attaching it to a paper application.

For more information and instructions regarding the PMM, please visit http://www.vtmedicaid.com/#/pmmCommunication.

Server Maintenance – April 14, 2019
The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, April 14, 2019. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 802.878.7871, option 1 and then option 1 again.

April 5, 2019
G0297 Low Dose CT Scan (LDCT) for Lung Cancer Screening
Reminder that Low Dose CT-Lung Cancer Screening requires a Prior Authorization by Evicore.

When the following criteria has been met:

- Patient has not received a low-dose CT lung screening in less than 12 months; and
• Patient has NO health problems that substantially limit life expectancy or the ability or willingness to have curative lung surgery; and
• Patient is between 55 and 80 years of age; and
• Patient has at least a 30 pack-year history of cigarette smoking; and
• Currently smokes or quit within the past (\(\leq\)) 15 years

Internet PA Requests [http://www.medsolutionsonline.com](http://www.medsolutionsonline.com).

**Maximum Allowable Units for Dental Codes**
The National Correct Coding Initiative has set Medically Unlikely Edits (MUEs) restricting the maximum number of units for a single date of service on several Dental codes effective 04/01/2019. These limitations will only apply to Physician and Outpatient claims, they will not be applied to Dental claims. For a complete list of the codes affected please see [http://dvha.vermont.gov/for-providers/health-services-bulletins-alerts-and-advisories](http://dvha.vermont.gov/for-providers/health-services-bulletins-alerts-and-advisories).

**March 8, 2019**

**Be on the Lookout for PMM Trainings**
Be on the lookout for trainings in your area beginning in March! With several different training opportunities online and at various locations around the state, you can select the training that will be best for you and your team. For more information on training and other Frequently asked questions please contact your provider relations rep or visit [http://vtmedicaid.com/#/pmmCommunication](http://vtmedicaid.com/#/pmmCommunication).

**Closed for Town Meeting Day**
The DVHA and DXC Technology offices will be closed on Tuesday, March 5, 2019 in observance of Town Meeting Day.

**MUE for E0961 is 2**
The Medically Unlikely Edits (MUE) for HCPCS code E0961, Manual wheelchair accessory, wheel lock brake extension (handle), each, is 2. The MMIS system was set up to only allow 1 unit. The Department of Vermont Health Access (DVHA) has updated the system to allow for a maximum 2 units. Providers who have received denials should resubmit their claims.

**Server Maintenance – March 10, 2019**
The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, March 10, 2019. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 802.878.7871, option 1 and then option 1 again.

**Telemedicine Testimonial**
Recently, staff from DVHA’s Provider & Member Relations and Quality Improvement Units have been talking with local providers about their experiences offering services via telemedicine technology. Here is what one local behavioral health provider had to say about implementing telemedicine in her practice:

“Clients love the flexibility that telemedicine services provide. Telemedicine allows for continuity of care during times that would otherwise preclude face-to-face visits, such as illness or when a client lacks a driver’s license. HIPAA-compliant systems exist that allow providers to connect to clients through a secure portal, and even pass documents back and forth electronically. I’ve received
positive feedback about the telemedicine services I provide from many of my clients, who range from CEO’s with busy schedules to construction workers on jobs in rural areas. Through the use of telemedicine, I can have extremely powerful and effective conversations and experiences with my clients. I can only see the use of telemedicine services growing. It’s part of our culture’s comfort zone now. If you plan to stay in this profession, you shouldn’t be asking yourself if you’ll move in this direction, but when.”

If you are interested in learning more about this topic, please consider bookmarking this link to a new section in the provider area of the DVHA website: DVHA telehealth website

March 1, 2019

Provider Management Module Training In March
Training on the Provider Management Module (PMM) will begin in March. We will be offering several different trainings that include, live in person trainings, a live webinar, recorded training sessions and a provider instructions manual. We can help you select which one is right for you and your team. Contact your Provider Relations Representative with questions on training. We look forward to training with you.

Reminder: ACO Patient Identification Survey
The Department of Vermont Health Access (DVHA) is fielding a survey regarding processes for determining ACO attribution status for Vermont Medicaid members. DVHA is working with OneCare Vermont Accountable Care Organization (OneCare) to improve processes around identifying ACO-attributed VT Medicaid members. The survey asks how providers currently identify patients who are attributed to the Vermont Medicaid Next Generation (VMNG) ACO program and will also solicit feedback on a proposed streamlined electronic solution for ACO patient identification, utilizing the 270/271 eligibility process.

Participation is greatly appreciated. Lack of participation may impact the ability of Vermont Medicaid to implement any improvements in the 270/271 process to identify ACO-attributed patients.

This survey should be completed by anyone at your organization who identify patients and determine their Medicaid eligibility. Please click https://www.surveymonkey.com/r/T35GTH3 to take the survey.

Please submit completed surveys by February 28, 2019. We greatly appreciate your participation.

February 22, 2019

ADAP Funded Preferred Providers
CMS has set the Medically Unlikely Edit (MUE), or maximum units, for H0006 (Alcohol and/or drug services; case management) to “1” effective 1/1/2019. As a result, H0006 will not be utilized by ADAP any longer. ADAP providers should use the new code is T1016 - Case management, each 15 minutes, for services provided on/after 1/1/2019. Please re-submit claims for services provided from 1/1/19 using the new code.

Provider Enrollment/Provider Management Module Information
As we get ready to launch the new and efficient Provider Management Module, we need your help as we prepare for updates.
If you are actively providing services to VT Medicaid members or anticipate providing services in the near future and need to be enrolled with VT Medicaid you may request priority processing by including a cover letter outlining your need with the paper application.

If you are not currently providing services to VT Medicaid members and don’t anticipate providing services in the near future, we ask that you please wait to submit your application until the module is live. Once the module goes live your application will be processed by DXC in the order that it was received. The proposed completion date for all stored applications being entered into the module is 05/24/19. For more information please visit http://vtmedicaid.com/#/pmmCommunication.

Telemedicine Questions from the Field: Chart Notes
DXC representatives visit provider practices in-person each month. Currently, representatives are distributing information about substance use disorder treatment rates by region, as well as a telemedicine informational brochure. Offering treatment services via telemedicine technology is proving to be a good option for both providers and clients. Telemedicine visit notes should include the fact that the services occurred telephonically, along with your normal medical notes.

Here is a link to the telemedicine brochure for VT Medicaid providers: telemedicine brochure for VT Medicaid

February 15, 2019
Closed for Presidents’ Day
The DVHA and DXC Technology offices will be closed on Monday, February 18, 2019 in observance of Presidents’ Day.

February 8, 2019
2019 Ladies First Fee Schedule
The 2019 Ladies First Fee Schedule has been added to the Vermont Medicaid Fee Schedule page, http://www.vtmedicaid.com/assets/resources/2019_LF_Fee_Schedule.pdf. Ladies First providers are encouraged to review the fee schedule. If you don’t see a diagnosis code on the list, call Ladies First billing specialist at 800.508.2222 for claim review and possible manual payment.

Claims Return to Provider (RTP) Statistics
In the calendar year 2018, 9957 claims were returned to providers due to missing or incorrect information that does not allow claims to be processed. Detailed information was collected over the period of three months and we found that the top 6 reasons for having claim forms Returned to Providers (RTP) are:

- NPI not valid or not enrolled
- Taxonomy missing or invalid
- NPI printed outside of box field on claim form
- Claim was not submitted on an original red & white CMS1500 or UB04 form
- Number of claim details does not match number of details on Medicare Attachment Summary Form (MASF) Medicare form
- Patient name does not match name on attachment (MASF)

Providers are encouraged to ensure claims data is accurate. Ensuring this data is accurate (upon first claim submission), will help you save time and money.
Vermont Medicaid Terminations
Practitioners are reminded that if there is no claim activity within 36 months or more, they will be terminated from Vermont Medicaid. If this occurs, they will have to re-apply for enrollment into the Vermont Medicaid system.

Server Maintenance – February 10, 2019
The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, February 10, 2019. During this time, all Provider Web Services will be unavailable. Providers wishing to check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 802.878.7871, option 1 and then option 1 again.

February 1, 2019
ACO Patient Identification Survey
The Department of Vermont Health Access (DVHA) is fielding a survey regarding processes for determining ACO attribution status for Vermont Medicaid members. DVHA is working with OneCare Vermont Accountable Care Organization (OneCare) to improve processes around identifying ACO-attributed VT Medicaid members. The survey asks how providers currently identify patients who are attributed to the Vermont Medicaid Next Generation (VMNG) ACO program and will also solicit feedback on a proposed streamlined electronic solution for ACO patient identification, utilizing the 270/271 eligibility process.

Participation is greatly appreciated. Lack of participation may impact the ability of Vermont Medicaid to implement any improvements in the 270/271 process to identify ACO-attributed patients.

This survey should be completed by anyone at your organization who identify patients and determine their Medicaid eligibility. Please click https://www.surveymonkey.com/r/T35GTH3 to take the survey.

Please submit completed surveys by February 28, 2019. We greatly appreciate your participation.

Provider Manuals’ Alignment with AHS Policy
DVHA in collaboration with DXC Technology is pleased to announce that the enhanced Provider Manuals will be available in February 2019 at www.vtmedicaid.com/ . The manuals are: Applied Behavior Analysis, Mental Health and Substance Abuse Services; Dental; Durable Medical Equipment; Federally Qualified Health Centers & Rural Health Clinics; Home Health Agency, Assistive Community Care Services and Enhanced Residential Care; Pharmacy; Primary Care Provider; Physical Therapy, Occupational Therapy and Speech Language Therapy; Non-Emergency Medical Transportation; and Vision. The General Provider Manual and the General Billing and Forms Manual has useful information for all Practitioners.

Thanks to all the many contributors who worked on these manuals.

January 25, 2019
Reminder: New Timely Filing Guidelines Effective 02/01/2019
The countdown continues. The new Timely Filing Guidelines effective date is rapidly approaching. There is only 1 week left to get all your outstanding timely filing reconsiderations in prior to the 02/01/2019 effective date.
To recap, the Agency of Human Services (AHS) will be changing our timely filing guidelines. This change assures compliance with federal regulations at 42 CFR §§ 447.45 (d). The new timely filing guidelines will become effective for timely filing reconsideration requests received on or after 02/01/2019. More detailed information on the new timely filing guidelines can be found here: http://dvha.vermont.gov/news-info.

**January 18, 2019**

**Closed for Martin Luther King Jr. Day**
The DVHA and DXC Technology offices will be closed on Monday, January 21, 2019 in observance of Martin Luther King Jr. Day.

**Reminder: New Timely Filing Guidelines Effective 02/01/2019**
The countdown continues. The new Timely Filing Guidelines effective date is rapidly approaching. There are only 2 weeks left to get all your outstanding timely filing reconsiderations in prior to the 02/01/2019 effective date.

To recap, the Agency of Human Services (AHS) will be changing our timely filing guidelines. This change assures compliance with federal regulations at 42 CFR §§ 447.45 (d). The new timely filing guidelines will become effective for timely filing reconsideration requests received on or after 02/01/2019. More detailed information on the new timely filing guidelines can be found here: http://dvha.vermont.gov/news-info.

**Important Provider Enrollment Information**
As we get ready to launch the new and efficient Provider Management Module, we need your help as we prepare for updates and ask that you please wait to submit an application until the module is live. On 01/18/19, new applications received will be reviewed by DXC for completeness. The application will be logged and stored until the module goes live. Once the module goes live your application will be processed by DXC in the order that it was received. The proposed completion date for all stored applications being entered into the module is 05/24/19. Any providers who are actively practicing between the dates of 1/18/19 and 3/29/19 and need to be enrolled with VT Medicaid may request priority processing by including a cover letter outlining your need with a paper application. For more information please visit http://vtmedicaid.com/#/pmmCommunication.

**January 11, 2019**

**Reminder: New Timely Filing Guidelines Effective 02/01/2019**
The countdown continues. The new Timely Filing Guidelines effective date is rapidly approaching. There are only 3 weeks left to get all your outstanding timely filing reconsiderations in prior to the 02/01/2019 effective date. **DVHA highly recommends having your reconsideration packets to DXC no later than 01/15/2019 to allow time for review and processing.**

To recap, the Agency of Human Services (AHS) will be changing our timely filing guidelines. This change assures compliance with federal regulations at 42 CFR §§ 447.45 (d). The new timely filing guidelines will become effective for timely filing reconsideration requests received on or after 02/01/2019. More detailed information on the new timely filing guidelines can be found here: http://dvha.vermont.gov/news-info.

**Server Maintenance – Sunday, January 13, 2019**
The Provider Web Portal server maintenance is scheduled from midnight to 8:00AM on Sunday, January 13, 2019. During this time, all Provider Web Services will be unavailable. Providers wishing to
check eligibility, receive other insurance information or determine if service limits have been reached are advised to use the automated Voice Response System (VRS). The VRS can be accessed by dialing 802.878.7871, option 1 and then option 1 again.

**Choices for Care Updated 804B Form**

The Choices for Care 804B Form now has a new location on the Vermont Medicaid web portal. The form is located at http://www.vtmedicaid.com/#/forms. Please note that the mailing address and fax number for returning the form has also changed. The Choices for Care 804B Form is used to change a members long term care coverage or setting.

**January 4, 2019**

**340B Providers and UD Modifier**

340B providers are reminded as of date of receipt June 1, 2016, the modifier “UD” must be included with the J-Codes on the Prior Authorization (PA) request form. Beginning February 1, 2019, provider requests to add or remove the modifier retrospectively are no longer be accepted. DVHA staff will no longer add or remove the modifier. Failure to include the “UD” modifier or the inappropriate inclusion of the “UD” modifier will result in denial of the PA request and/or the resulting claim. Please email VT340B@DXC.com with any questions you may have.

**Clinical Laboratory Fee Schedule**

Due to the late release of the CMS Clinical Laboratory Fee Schedule, the Department of Vermont Health Access (DVHA) will not be updating the Clinical Laboratory Fee Schedule until on or around April 1st, 2019.

**Reminder: Current Forms Are Required**

Vermont Medicaid regularly updates its forms and applications to reflect current state and federal requirements. All provider paperwork, including enrollment applications and forms, adjustment forms and refund forms, submitted on outdated versions, will be returned. **Providers are encouraged to always check for the most current forms on the Vermont Medicaid website.**

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

**Reminder: New Timely Filing Guidelines Effective 02/01/2019**

The countdown continues. The new Timely Filing Guidelines effective date is rapidly approaching. There are only 4 weeks left to get all your outstanding timely filing reconsiderations in prior to the 02/01/2019 effective date. **DVHA highly recommends having your reconsideration packets to DXC no later than 01/15/2019 to allow time for review and processing.**

To recap, the Agency of Human Services (AHS) will be changing our timely filing guidelines. This change assures compliance with federal regulations at 42 CFR §§ 447.45 (d). The new timely filing guidelines will become effective for timely filing reconsideration requests received on or after 02/01/2019. More detailed information on the new timely filing guidelines can be found here: http://dvha.vermont.gov/news-info.

**Vermont Medicaid Next Generation ACO Program**

Under the Vermont Medicaid Next Generation ACO program, prior authorization requirements were waived in 2018 for all Vermont Providers for ACO-attributed members and services. Beginning in January 1, 2019, prior authorization for ACO-attributed members and ACO covered services are
completely waived, and adjustments have been made to the MMIS to no longer require PA forms of any kind for ACO-attributed members and ACO-covered services, EXCEPT for a small number of codes that will always require prior authorization, even for ACO-attributed members. Providers will always need to use the traditional (not short) DVHA prior authorization forms for these exception codes. Further information and a code-level list of ACO-covered services and equipment and whether they require prior authorization can be found at http://dvha.vermont.gov/for-providers/clinical-coverage-guidelines.