



## Department of Vermont Health Access Advisory - May 2016

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### ***PERM Audit Reminder***

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The FY2016 Centers for Medicare and Medicaid Services (CMS) Payment Error Rate Measurement (PERM) audit is underway. The audit is derived from the Improper Payments Information Act of 2002 (IPIA; Public Law 107-300). The IPIA directs Federal agencies to annually review its programs and report any improper payments to Congress. Because the Department of Vermont Health Access (Vermont Medicaid) is identified as a federal program, our participation is both active and required.

Providers selected for the sample are required to submit medical record and associated documents on specific claims. CMS auditor A+ Government Solutions will be sending direct notification to those selected. The first initial notifications will occur around May/June 2016 for the first two-quarters of FFY16. The third- and fourth-quarter notifications, will be sent out around July/Aug 2016 (for the third quarter) and Oct/Nov 2016 (for the fourth quarter).

As stated in your signed Provider Enrollment Agreement (Section 6) and/or, if you have recently revalidated your enrollment, your signed General

Provider Agreement (Article VI, Section 1), provider participation is required.

DVHA will provide assistive guidance and support during this process as well as issue ongoing PERM notices and direct communications to PERM selected providers.

### **PERM FFY2016 - DVHA Time Limit Requirements**

- Providers have 30 days from the date of receipt of notice to submit required claims medical records and adjoining documents to A+ Government Solutions
- Providers have 7 days from the date of receipt of notice, of request for additional information to submit additional claims documentation for inaccurate medical record and adjoining documents, to A+ Government Solutions

### **Sanction for Non-Compliance**

DVHA will enforce a 10% withholding of all Green Mountain Care/VT Medicaid payments for all provider's that do not submit the required medical records and adjoining documents within 30 days or the additional documentation within 7 days.

Additional information can be found at <http://dvha.vermont.gov/for-providers/>

## **All Hands on Deck to Keep Vermonters Covered**

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Earlier this year, we launched our Medicaid renewal project. Every Medicaid and Dr. Dynasaur enrollee in Vermont should receive a letter in the next few months, if they haven't already, telling them what they need to do to maintain health coverage. The "what to do" is actually quite simple. They can either mail back the enclosed form or they can call our toll-free number (1-855-899-9600). The phone option is generally faster and easier. The catch is that they need to act fast.

Our goal is to help every Vermonter access the health care they need by enrolling in the public or private health plans for which they qualify. We want to help Vermont families avoid a gap in coverage. Toward this end, we are sending three notices and reminders to each household over a two-month period before we terminate their coverage. In the event that they don't respond and their coverage is terminated, we encourage them to call and apply for new coverage as soon as possible.

Time is of the essence because, in the event they no longer qualify for Medicaid, they'll only have 60 days to sign up for private health insurance and the subsidies to help pay for it. Otherwise, they'll likely have to wait until 2017 to get covered. And they could have to pay the federal fee for not having health coverage.

Getting every member to open their mail and respond is not as easy as it sounds. To achieve a high response rate, we need your help. Community partners and providers like you played a key role in helping Vermont achieve one of the two lowest uninsured rates in the nation. With your help, we can ensure that those newly covered Vermonters stay covered and access the care they need without disruption.

### **Here are three ways you can help spread the word:**

1. In pre-appointment communication with Medicaid enrollees, ask if they've recently received a Medicaid renewal letter.
  - If so, encourage them to respond ASAP (if they haven't already done so).
  - If not, ask them to watch their mailbox – it will come between now and fall.
  - If they've moved recently, they should call Vermont Health Connect to make sure their mailing address is correct.
2. At the appointment, ask the same question.
  - If they need in-person help, tell them about our statewide network of <http://info.healthconnect.vermont.gov/find>
3. In external communication, call attention to Medicaid renewals.
  - Post an announcement (see <http://info.healthconnect.vermont.gov/materials#Post>) in newsletters and invite staff to post in their local Front Porch Forum.

You can also download the posters and handouts from: <http://info.healthconnect.vermont.gov/materials> or use our materials request form found on the website to request materials be sent to you. If you have questions or ideas, please contact us at: <https://apps.health.vermont.gov/VHCForm/family>

## **The EHR Incentive Program Awareness Survey**

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The Vermont Medicaid Electronic Health Record Incentive Program (EHRIP) Team will be conducting a survey to gauge awareness of the program among potentially eligible providers who have not yet received an incentive payment.

Eligible professionals can receive up to \$63,750 for full participation in the program over six years. This includes a payment in the first participation year of \$21,250 to adopt, implement or upgrade (AIU) to a Certified Electronic Health Record Technology (CEHRT) system.

**The deadline to BEGIN participation in the Medicaid EHR Incentive Program is December 31, 2016.**

Your responses will help you determine your eligibility, and provide the Vermont EHRIP Team information about readiness or barriers for participation. Watch for the email inviting you to complete the short online survey and visit our webpage with information for first-time EHRIP participants: <http://healthdata.vermont.gov/ehrip/2016/FirstTime>

## **Ladies First Now Covers Genotyping**

Ladies First now covers Genotyping. National Cancer Institute studies have shown that women with HPV types 16 and 18 have about a 20% risk of progressing to CIN3 over 10 years despite negative Pap tests, and colposcopy may be useful for these women. However, most of HPV 16/18 infections regress, especially in women under age 30, who also have almost a 20% rate of high risk HPV infection.

The April 2013 Consensus Guidelines states that in cytology negative women ages 30 years and older who are high-risk HPV DNA positive it is acceptable to obtain genotyping assays for HPV 16 and 18. Women who are positive should be referred for immediate colposcopy, while those who are HPV 16/18 negative but positive for other high-risk types should be followed with repeat cytology and high-risk HPV testing in 12 months.

However, please note that genotyping assays are not suitable for women who are younger than 30 years old. Genotyping is inappropriate for women with abnormal Pap results, as results do not alter management.

Please see: "April 2013 Algorithm Use of HPV Genotyping to Manage HPV HR\* Positive/Cytology Negative Women 30 Years and Older" (<http://www.ladiesfirstproviders.vermont.gov/sites/ladiesfirst/files/pdf/asccp/NewPagesCyto/Normal.pdf>) for additional information.

*\*Test that detects one of the 14 high-risk (oncogenic) types of HPV*

### **CPT Code 87625**

**Definition:**  
Human Papillomavirus (HPV), types 16 and 18 only. Includes type 45, if performed.

*CPT Code 87625 is routinely utilized after 87624 for risk assessment and patient management*

## **Modifier 26: "Professional Component"**

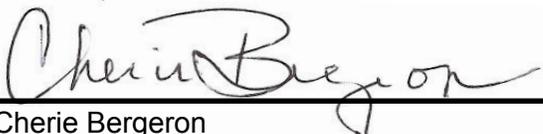
DVHA has added useful information to the Vermont Medicaid Fee Schedule, available online at <http://dvha.vermont.gov/for-providers/claims-processing-1>. The PC (26) and TC RVU and Allowed amount columns were added, effective January 2016.

Only certain codes have professional and technical components, and therefore allow the use of these modifiers. If there is an amount in those columns, and the service is done in the facility\*, there should be two claims billed:

1. Physician claim (CMS-1500) for the code with modifier 26.
2. Facility claim (UB) for the code with modifier TC.

*\*Facilities include: emergency department, on-campus outpatient, off-campus outpatient, or inpatient. (Provider-based clinics are included, as well.)*

**Please share the information contained in this publication with all staff members. Thank you!**



Cherie Bergeron  
Account Executive - Hewlett Packard Enterprise



Steven M. Constantino  
Commissioner - Dept of Vermont Health Access

## Provider Resources

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

VT Medicaid Banner: <http://www.vtmedicaid.com/Information/whatsnew.html>

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

Provider Enrollment Page: <http://www.vtmedicaid.com/Enrollment/enrollmentIndex.html#/>

## Contact Us

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DEPARTMENT OF VERMONT HEALTH ACCESS

312 Hurricane Lane, Suite 201, Williston, VT 05495

Hours of Operation: Monday - Friday 7:45AM to 4:30PM

Phone: (802) 879-5900

Fax: (802)879-5651

<http://dvha.vermont.gov>

HEWLETT PACKARD ENTERPRISE

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 -OR- In-State Phone: (800) 925-1706

Fax: (802) 878-3440

<http://www.vtmedicaid.com>

  
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DEPARTMENT OF VERMONT HEALTH ACCESS

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