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Frequently Asked Questions (FAQs)

COVID-19-specific Sustained Monthly Retainer Payment Program
New Information is in Red

Summary:

- Effective April 27, 2020, the Agency of Human Services (AHS) is implementing an optional, temporary payment model for Vermont Medicaid that combines fee-for-service reimbursement with prospective monthly payments. The prospective payments are intended to reimburse eligible participating providers for the difference between their long-term average monthly Medicaid fee-for-service revenues and the actual amount of Medicaid fee-for-service claims payments issued to them for services they continue to provide.
- The COVID-19-specific Sustained Monthly Retainer Payment Program (hereafter called "Sustained Monthly Retainer Payment Program") will remain in effect for the months of May and June of 2020, after which AHS will determine whether to extend it based on the status of the COVID-19 State of Emergency.

General Questions:

1. **If I applied for the Medicaid Retainer program in April do I also need to opt into this program?**
Yes. The Sustained Monthly Retainer Payment Program follows a different process than the Medicaid Retainer Program for April 2020. Regardless of participation in the April Medicaid Retainer program, providers will need to complete the web-based COVID-19-specific Sustained Monthly Retainer Payment Opt-In Form if they wish to receive funding.

2. **Which provider types are eligible to opt in?**
All Vermont Medicaid-enrolled, Vermont-based (or border) provider organizations will be eligible to receive Sustained Monthly Retainer Payment funding in addition to fee-for-service reimbursement, except:
    - Pharmacies
    - Private Non-Medical Institutions (see here for information about COVID-19 rate restructure)
    - Nursing Homes (see here for information about COVID-19 financial relief option)
    - Children's Integrated Services fiscal agents
    - Success Beyond Six programs

- Developmental Disabilities Services programs
- Billing Providers enrolling with Vermont Medicaid on or after March 1, 2020
- Providers with <$600 in Vermont Medicaid-paid fee-for-service claims annually

3. **If part of my organization is on the excluded list, does that mean I cannot opt in for any of my programs?**
   If your organization offers services as an entity that is on the excluded list for a particular program, but has another part of the organization that provides additional services, it would not be able to opt in for the excluded services but might be able to opt in for the additional services. As an example, the part of an organization that serves as a PNMI to provide residential care services would not be eligible for the Sustained Monthly Retainer Payment program. However, if another part of the organization provides substance use disorder treatment services (under a different provider ID number), the organization would be eligible to opt into the Sustained Monthly Retainer Program for those services.

4. **When can I opt into this program for funding? When will I receive funding?**
   Eligible providers will need to submit an opt-in form in order to receive funding through the Sustained Monthly Retainer Payment Program (see information on accessing the opt-in form in response #1 above). There will be two payment cycles in May. Providers only need to opt in once for the duration of the program. The deadlines and payment schedule for each month of the program are as follows:

Payment Month	Provider Opt-in (or Cancellation) Deadline	Date of Fund Availability (in Provider Remittance Advice)
May (1st round)	April 28, 2020 – 11:59 PM	May 8, 2020
May (2nd round)	May 5, 2020 – 11:59 PM	May 15, 2020
June	May 19, 2020 – 11:59 PM	May 29, 2020

5. **If I missed one of the provider opt-in deadlines listed above, am I able to retroactively opt-in?**
   Providers must opt into the program on or before the opt-in deadlines listed above in order to be eligible for the corresponding payment cycle. Providers may not opt into the program retroactively for payment cycles whose opt-in deadline has already passed.

6. **Can I cancel my participation in the Program if I change my mind about participating?**
   Yes. Providers may change their mind and cancel their participation in the program at any time. The Provider Opt-in (or Cancellation) Deadline above reflects the deadline for submitting a written request to cancel participation in the Sustained Monthly Retainer Payment Program beginning the following month. Cancellation requests should be submitted to AHS.COVID19Financial@vermont.gov.
   Providers may not cancel participation for months for which they have already received a monthly payment. For example, if a provider organization opts into the Program and receives the May payment but then cancels participation by the May 19, 2020 cancellation deadline, the cancelation will only be in effect for the June payment.

7. **How are payments through the Sustained Monthly Retainer Payment Program determined? Should I stop submitting fee-for service-claims?**
   If you are still able to provide services to Vermonters and bill Vermont Medicaid, your organization should do so (and should submit fee-for-service claims accordingly). The payments through this program are *in addition to* the fee-for-service payments you receive from Vermont Medicaid.

   Monthly payments are calculated by determining a provider's average monthly fee-for-service payments (hereafter called a provider's "Medicaid Budget") based on provider's average monthly Medicaid fee-for-service reimbursement from July 2019 through March 2020, which is weighted for utilization seasonality and adjusted for Medicaid rate changes that have occurred during State Fiscal Year 2020. (This excludes periodic payments such as Blueprint PCMH and Women's Health Initiative payments.) Monthly payments under this program are equal to a provider's Medicaid Budget minus the total value of fee-for-service claims paid in the previous month.

   For example:

	January	**February**	**March**	**April**	**May**	**June**
Medicaid Budget	*$ 50,000.00*	*$ 50,000.00*	*$ 50,000.00*	*$ 50,000.00*	*$ 50,000.00*	*$ 50,000.00*
FFS Claims Payments (Paid Date)	$ 51,000.00	$ 49,500.00	$ 47,500.00	$ 43,000.00	$ 38,000.00	$ 39,000.00
Sustained Monthly Retainer Payment					$ 7,000.00	$ 12,000.00
Total Payments Issued in Month	**$ 51,000.00**	**$ 49,500.00**	**$ 47,500.00**	**$ 49,500.00**	**$ 45,000.00**	**$ 51,000.00**

Average of Total Monthly Payments	**$ 48,916.67**
Potentially Subject to Recoupment (see question #8 below)	**$ 1,900.00**

8. **FQHC(s) provide medical, mental health and dental services. Will all of these services be considered when calculating our monthly Medicaid Budget?**
   AHS calculates the Medicaid Budget for each organization based on the claims billed under the Medicaid billing provider identification (ID) numbers an organization submits when they opt into the program. For example, if an FQHC provides a variety of services (and bills for those services under different provider IDs), a Medicaid Budget is calculated and payments are issued for each of the provider IDs submitted by that organization. If any of those provider IDs are excluded from the program based on the exclusion criteria identified in response #2 above, AHS will remove that provider ID from the calculation prior to issuing payment.

9. **My organization (for example an Adult Day Program) was directed to completely shut down during the State of Emergency and we are not delivering any services at this time. Can we still opt into receive Sustained Monthly Retainer Payment Program funding while we have been directed to remain closed?**
   Yes. Even if your organization is not currently providing (or billing for) services, you are eligible for consideration so long as you remain a Vermont Medicaid-enrolled provider. The intent of the requirement is to ensure sufficient health care services are available to meet the needs of Medicaid

members and to support Vermont Medicaid-enrolled providers who may not be able to provide services during the State of the Emergency (e.g. an Adult Day Program).

10. **Is Sustained Monthly Retainer Payment Program funding considered a loan or a grant? Or something else?**
Sustained Monthly Retainer Program payments are neither grants nor loans. They are prospective monthly payments which may be subject to recoupment of a maximum of 10% of the total amount paid to a provider through the Sustained Monthly Retainer Payment Program (*excluding* ongoing fee-for-service payments). Recoupment amounts will be determined based on provider, provider type, and/or system-level performance on the applicable quality metrics specified in the COVID-19 Sustained Monthly Retainer Payment Program guidance document on the COVID-19 page of the DVHA website. Recoupment amounts, if any, will be determined as part of a program-wide financial reconciliation that will occur no sooner than six months after the conclusion of the State of Emergency. Program payments to providers who have been instructed by the State to cease service provision during the State of Emergency will not be subject to recoupment. NOTE: A provider's breach of program terms and conditions may result in additional recoupment of up to 100% of program prospective monthly payments issued, in the Agency's sole discretion.

11. **How will providers know when the Sustained Monthly Retainer Payment Program will sunset?**
The Sustained Monthly Retainer Payment Program is currently anticipated to remain in effect for May and June of 2020. During that period the Agency will determine whether to extend it based on the status of the COVID-19 State of Emergency. The latest information regarding the Sustained Monthly Retainer Payment Program and any future COVID-19 funding opportunities will continue to be posted on the COVID-19 page of the DVHA website as it becomes available. This is the best place to check for up-to-date information.

12. **What will the process look like if the Agency recoups a portion of the Sustained Monthly Retainer Payment Program funding I receive? What if I opt into the program and cancel my participation at a later date?**
In the event that Sustained Monthly Retainer Program funding is recouped in the future, the Agency will work with provider organizations to identify processes and timelines for repayment intended to minimize any administrative or financial burdens that repayment may cause. Any funds paid to providers through the Sustained Monthly Retainer Payment program are subject to recoupment per the guidelines in response #10 above, regardless of whether the provider subsequently cancelled their participation in the program.

13. **If my organization opts in for Sustained Monthly Retainer Payment Program funding, is my organization still eligible for federal financial relief?**
In the absence at this time of any guidance relevant to this question from the U.S. Department of Health and Human Services regarding its administration of the Public Health and Social Services Emergency Fund (PHSSEF), we cannot answer whether or to what extent receipt of Sustained Monthly Retainer

Payment Program relief may affect eligibility to receive aid from the PHSSEF. Providers are currently encouraged to seek all available avenues of relief funding, including both federal and state offerings.

14. **I use a third-party billing service to manage my Medicaid billing and payments. Is it possible for my retainer funding to be sent to me directly and not through my third-party biller?**
Active Medicaid enrolled providers are welcome to update their payment information at any time via the Vermont Medicaid Provider Portal. If a provider updates their payment information, all Medicaid payments (including FFS and retainer payments) will be made according to the updated payment information. It is not possible for Vermont Medicaid to send FFS payments to one account and retainer payments to another.

15. **How will Sustained Monthly Retainer Program payments be identified in my Medicaid Remittance Advice (RA)?**
Sustained Monthly Retainer Program payments will show up in the "Financial Items Section" of the provider's Medicaid Remittance Advice (RA). The FRSN code will be 391, and there will be a comment stating it is a COVID-19 Medicaid Retainer Payment. Each eligible, billing identification number that has opted in will receive a separate lump sum payment on their RA.

Questions Related to the Sustained Monthly Retainer Program Opt-In Form

16. **Is there someone who can assist me if I have questions about this program or about completing the opt-in form?**
Yes. Please send an email to AHS.COVID19Financial@vermont.gov detailing the assistance you need and someone will respond to you as soon as possible.

17. **Should the opt-in form be filled out by individual providers within an organization, or the organization as a whole? If multiple practices operate under a single tax identification number (TIN), should that entity submit a single application for TIN level support?**
Please submit one opt-in form for your organization and include all eligible Medicaid billing identification numbers and NPIs for which you are requesting funding.

18. **Question #8 in the online opt-in form asks, "Has your organization been directed by the State to cease providing all services to Vermonters during the COVID-19-related State of Emergency?" My organization was directed by the State to cease elective procedures during the State of Emergency, but we are still seeing patients. How should we respond to this question?**
If your organization is still providing and billing Medicaid for any services, please answer "No" to question #8. For example, if you have ceased providing elective services and procedures to patients during the State of Emergency but are still providing other services, answer "No" to question #8.

Questions Related to Non-Fee-for-Service Payment Models

19. **I already receive prospective payments from OneCare Vermont. Am I eligible to receive these prospective payments too?**

Yes. If your organization receives prospective payments from OneCare Vermont, your Medicaid Budget calculated through this program would only consider your fee-for-service reimbursement from DVHA and would not consider any prospective payments received from OneCare Vermont through the Vermont Medicaid Next Generation ACO program.

20. **Are Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) eligible for the Sustained Monthly Retainer Payment Program? The program refers to FFS billing, but FQHCs and RHCs bill an encounter rate. How will the weighted average be calculated for FQHCs and RHCs?**
    Yes. All Vermont Medicaid-enrolled, Vermont-based (or border) provider organizations will be eligible to receive Sustained Monthly Retainer Payment funding in addition to Medicaid payments they continue to receive for services rendered except those listed in response #2 above. This includes FQHCs and RHCs. For FQHCs and RHCs, the weighted average is calculated using historic encounter rate payments in addition to any historic fee-for-service payments.

<u>**Questions Related to Performance Measures, Scoring, Reconciliation and Recoupment**</u>

21. **Does my organization have to report any information for the quality metrics?**
    No. Your organization does not need to report any information for the quality metrics. The Agency selected claims-based financial and access to care metrics for this program, so they can determine performance based on Medicaid claims data that you submit as part of ongoing fee-for-service billing.

22. **What performance metrics would apply to ERC/ACCS - residential care setting?**
    Measure #2 (Services Provided) and Measure #4 (Percentage of Total Expenditures Allocated to Sustained Monthly Retainer Payments) would be applicable to Residential Care Providers. In the case of Measure #2, the target would be achieved if there was an increase over time in Services Provided. For this measure, AHS anticipates that performance will be assessed as month-to-month comparisons or comparison to a baseline during the State of Emergency time period, rather than comparing 2020 results to 2019 results. For Measure #4, the target would be achieved if there was a decrease over time in the Percentage of Total Expenditures Allocated to Sustained Monthly Retainer Payments.

23. **My organization currently participates in a non-fee-for-service (FFS) payment model and receives an episodic payment (for example, residential substance use programs) or a tier-based payment (for example, applied behavioral analysis programs). How will performance be measured for programs receiving non-FFS payments?**
    Measure #2 (Services Provided) and Measure #4 (Percentage of Total Expenditures Allocated to Sustained Monthly Retainer Payments) would be applicable to residential substance use disorder providers and ABA providers. In the case of Measure #2, the target would be achieved if there was an increase over time in Services Provided for the particular provider. For Measure #4, the target would be achieved if there was a decrease over time in the Percentage of Total Expenditures Allocated to Sustained Monthly Retainer Payments. Episodic payments received by residential substance use disorder providers or tiered payments received by ABA providers would be part of the denominator for Measure #4. If those payments increased over time relative to Sustained Monthly Retainer Payments for a particular provider, the result for the measure would decrease and the target would be achieved.

24. **I am concerned about my organization's payments being at risk of recoupment based on performance measures. Why is a value-based payment model being introduced while providers are focusing on the COVID-19 emergency response?**
    This program was designed with a value-based payment component to ensure accountability for access to services for Vermont Medicaid members during this time. In order to ensure provider administrative burden was not adversely affected by Medicaid's responsibility for accountability, AHS selected metrics for this program that are based on Medicaid claims data that are already submitted as part of ongoing fee-for-service billing. For providers that comply with program terms and conditions, the maximum risk is 10% of the Sustained Monthly Retainer Payment (<u>not including</u> payments received for services delivered). Performance will not be assessed until at least six months after the end of the State of Emergency. It is important to note that this is a voluntary, opt-in program. Providers may choose not to participate in this program if they believe it is not a good fit for their practices or programs.

25. **Please provide clarification on the specifications and data sources for the performance measures and what the increase (or decrease) is based on. Will performance be based on a comparison of month-to-month results or a comparison of 2019 vs. 2020?**
    Measure #1 (Adults' Access to Preventive/Ambulatory Health Services **-OR-** Ambulatory Care Utilization) and Measure #3 (Children's and Adolescents' Access to Primary Care Practitioners) will be based on Healthcare Effectiveness Data and Information Set (HEDIS) measure specifications from the National Committee for Quality Assurance (NCQA). AHS will develop the specifications for Measures #2 (Services Provided) and #4 (Percentage of Total Expenditures Allocated to Sustained Monthly Retainer Payments). All four measures will be based on claims and/or other administrative data that AHS has available; no additional data collection will be required. AHS anticipates that performance will be assessed on month-to-month comparisons or comparison to a baseline during the State of Emergency time period, rather than comparing 2020 results to 2019 results. AHS does not expect 2020 rates during the State of Emergency to be comparable to 2019 rates.

26. **Please provide clarification on "The amount of recoupment (if any) will depend on a variety of factors identified in the attached guidance, including provider performance on Program quality metrics, and will not exceed 10% of total Program prospective payments.**"
    AHS is still finalizing the methodology for determining the percentage of payments that will be at risk in the reconciliation and recoupment processes. Additional documentation will be posted to the DVHA COVID-19 website when available. Anticipated elements include the following:
    - AHS is considering using a graduated percentage that decreases as the provider's proportion of total Vermont Medicaid revenues resulting from the Sustained Monthly Retainer Payments increases. For example, if a provider's ability to use remote delivery of telehealth services is limited, resulting in a greater proportion of overall Vermont Medicaid revenue provided by Sustained Monthly Retainer Payments, AHS may reduce the funding subject to recoupment to a percentage that is less than 10%. Providers that have been ordered to close and cannot provide telehealth services will not have any funding at risk during the closure.

- The recoupment amount for each provider will be calculated based on provider, provider type, regional, and/or system-level performance on the applicable measures. Whenever possible, performance will be evaluated at the provider level.
- Some metrics will not be applicable to all provider types; for example, Measure #3 will not be applicable to providers that do not provide services to children.
- Reconciliation will occur no sooner than six months after the conclusion of the State of Emergency, to allow for adequate claims runout, calculation of performance results and recoupment amounts, and review by AHS and providers.

27. What are the potential performance measures and what are they assessing?

The measures are specified in Table 1 in the COVID-19 Sustained Monthly Retainer Payment Program guidance document on the COVID-19 page of the DVHA website. They are intended to assess Medicaid members' access to services and financial impact. As noted in response #23, the measures are based on national specifications when available. Not all measures will be applicable to all providers. A provider's score on each applicable measure will be based on whether the provider improves over time rather than whether a specific numerical target is met.