State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

# Global Commitment Register

January 16, 2018

Below please find 15 GCR policies that have been posted to the DVHA website since December 11, 2017 (in chronological order):

- 17-107: Asset Verification System (final)
- 17-108: Hospital Presumptive Eligibility (final)
- 17-110: Proposed Amendment to Vermont's Global Commitment to Health 1115 Demonstration (proposed)
- 17-091: FFS Payments for Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (proposed)
- 17-109: Inpatient Hospital Outlier Threshold & Psych Methodology (proposed)
- 17-104: Physician Administered Drugs Fee Schedule Update (proposed)
- 17-105: Miscellaneous Services Reimbursement Update (proposed)
- 17-073: Health Care Administrative Rules Update (final proposed)
- 17-097: Department of Mental Health Psychotherapy Coding Updates (proposed)
- 17-087: VT Medicaid Next Generation Accountable Care Organization Program (proposed)
- 17-043 through 17-049: Health Benefits Eligibility & Enrollment Rules Updates (final)
- 16-020: Medicaid for Working People with Disabilities Eligibility Expansion (clarification)
- 17-082: Inpatient Prospective Payment System (clarification)
- 18-001: Global Commitment Waiver – Post Award Forum (final)
- 17-074: Face-to-Face Visit Verification (proposed)

State of Vermont
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# Global Commitment Register

December 13, 2017

GCR 17-107
FINAL

## Asset Verification System

**Policy Summary:**

Medicaid for the Aged, Blind and Disabled (MABD) and Medicaid-funded long-term care have both income and resource limits for program eligibility. To assist with the Medicaid eligibility determination for MABD and long-term care, CMS is requiring that Vermont implement an electronic asset verification system (AVS) by 12/31/17. The AVS is a tool that helps ensure the accuracy of Medicaid eligibility determinations by serving as a data source to verify assets. Assets that are considered include: checking and savings accounts, stocks and bonds, certificates of deposit, and annuities. The AVS system will be operationalized on 12/29/2017.

**Effective Date:**
December 29, 2017

**Authority/Legal Basis:**
Medicaid State Plan

**Population Affected:**
Medicaid Long Term Care
Medicaid for Aged, Blind and Disabled

State of Vermont
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280 State Drive, Center Building
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# Global Commitment Register

December 13, 2017

GCR 17-108
FINAL

## Hospital Presumptive Eligibility

**Policy Summary:**

Effective December 29th, 2017, Vermont is implementing an automated solution for Hospital Presumptive Eligibility (PE). Hospital PE is an expedited process of enrolling eligible applicants into the Medicaid program. Hospital PE allows individuals to get access to Medicaid services without having to wait for their application to be fully processed. Vermont's hospital PE period begins on the date the determination is made and ends on the earlier of the following:

1. The date the eligibility determination for regular Medicaid is made, or
2. The last day of the month following the month in which the determination of PE is made, if no application for Medicaid is filed by that date.

**Example**: Sarah goes to the Emergency Department at her local hospital on July 16th after experiencing abdominal pain. A worker at the hospital helps Sarah fill out the short hospital PE application for Medicaid and is able to grant Sarah Medicaid coverage immediately for the services she needs. Sarah's Medicaid coverage will end on August 31st if she does not file a complete Medicaid application with the state by that date.

**Effective Date:**
December 29, 2017

**Authority/Legal Basis:**
Medicaid State Plan
42 CFR §435.1110 Presumptive eligibility determined by hospitals

**Population Affected:**
Medicaid for Children and Adults

State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

# Global Commitment Register

December 14, 2017

GCR 17-110
PROPOSED

## Proposed Amendment to Vermont's Global Commitment to Health 1115 Demonstration

The State of Vermont, Agency of Human Services (AHS), plans to submit an amendment request to the Centers for Medicare and Medicaid Services (CMS) for its Section 1115 Demonstration Waiver: Global Commitment to Health. The Global Commitment to Health Demonstration was designed to test the hypothesis that greater program flexibility in the use of Medicaid resources and the lessening of federal restrictions on Medicaid services would permit the State to better meet the needs of Vermont's uninsured, underinsured, and Medicaid beneficiaries for the same or lower cost.

Specifically, the Demonstration aims to: 1) increase access to affordable and high-quality health care; 2) improve access to primary care; 3) improve the health care delivery for individuals with chronic care needs; 4) contain health care costs; and 5) allow beneficiaries a choice in long-term services and supports and provide an array of home- and community-based alternatives recognized to be more cost-effective than institutional-based supports.

Summary of Proposed Amendment Request:
Vermont is not requesting any changes to the Global Commitment's covered populations, cost sharing, or the current budget neutrality agreement as part of this amendment.

This proposed amendment request seeks to ensure the continued availability of treatment supports that effectively prevent and treat opioid use disorder (OUD) and other substance use disorders (SUD), and promote a comprehensive and integrated continuum of mental and physical health, OUD/SUD treatment, and long-term services and supports for all Vermonters. Specifically, Vermont is seeking a waiver of all restrictions on payments to Institutions for Mental Disease (IMDs) for individuals ages 21 to 64.

**Effective Date:**
July 1, 2018

**Authority/Legal Basis:**
Global Commitment to Health Waiver: Special Term and Condition #7. Amendment Process.

**Population Affected:**
All Medicaid

**Fiscal Impact:**
$0.00

**Public Comment Period:**
December 14, 2017 – January 14, 2018

Send comments to:
AHS Medicaid Policy Unit
280 State Drive, Center Building
Waterbury, VT 05671-1000

Written comments on the draft are due 1/14/2018 by 4:00pm. Written comments should be sent via email to AHS.MedicaidPolicy@vermont.gov or by mail to Danielle Fuoco at 280 State Drive, Building E, Waterbury, VT 05671-1000. Comments received will be posted to the DVHA website for viewing by 4:30pm on 1/16/2018.

**Public Hearing Dates:**

December 18, 2017 12:00PM – 12:30PM
This hearing will follow a 10:30AM presentation about the Global Commitment to Health amendment request to the Medicaid and Exchange Advisory Board.
Waterbury State Office Complex
Ash Conference Room
280 State Drive
Waterbury, Vermont 05671
(call in number: 802-552-8456, access code: 18417928)

January 5, 2018 12:00PM – 12:30PM
Waterbury State Office Complex
Fir A Conference Room
280 State Drive
Waterbury, Vermont 05671
(call in number: 802-552-8456, access code: 99605471)

Identification is required to enter the building.

**Additional information:**

The complete draft amendment request can be found at this link.

State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

# Global Commitment Register

January 11, 2018

GCR 17-091
PROPOSED

## Fee-for-Service Payments for Durable Medical Equipment, Prosthetics/Orthotics, and Supplies

**Policy Summary:**

The Department of Vermont Health Access (DVHA) is changing the methodology and rates paid to suppliers of Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS). These changes will ensure compliance with the 21st Century Cures Act (Cures Act) of 2016 (P.L. 114-255) and are part of the DVHA's ongoing strategy to modernize the way it pays for healthcare services.

Changes to calendar year (CY) 2018 DMEPOS rates include the adoption of:

1. Payment for DMEPOS based on percentage of Medicare;
2. Transitional payment based on New England Medicaid survey data or historic data; this applies to items and services for which there is no corresponding Medicare rate.
3. Revised capped rental policies to better reflect Medicare billing practices and payments.
4. Equipment rental policies to ensure that DVHA pays no more than the billed charge for the purchase plus any previous rentals.

A detailed description of these changes, as well as future changes under consideration, can be found below.

**Effective Date:**
January 1, 2018

**Authority/Legal Basis:**
Global Commitment to Health Waiver: Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #28.

**Population Affected:**
All Medicaid

**Fiscal Impact:**
The annualized fiscal impact is estimated to be ($1,792,000).

**Public Comment Period:**
December 20, 2017 – January 22, 2018

Send comments to:

AHS Medicaid Policy Unit

280 State Drive, Center Building
Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

There is no public meeting scheduled at this time. If one should be scheduled, that information can be found at: http://dvha.vermont.gov/ either through the calendar or listed under upcoming events.

**Additional Information:**

1. The adoption of a payment based on percentage of Medicare; applies to those items and services with a corresponding rate Medicare rate.

   Effective January 1, 2018, DVHA will use a percentage of Medicare for setting DMEPOS rates. This will apply to those codes for which there is a corresponding Medicare rate. For CY2018, DVHA will reimburse at 100% of the Medicare rate. This change will ensure compliance with federal rules regarding upper payment limits (UPLs).

   The Medicare rate used to set rates is the Vermont-specific, Non-Rural Rate referred to below as the VNR rate. DVHA will use the most recently available Medicare fee schedule at the time of developing the rates. For CY 2018 rates, the most recently available fee schedules at the time of rate development were the Medicare VNR CY 2017 final rates.

   Should Vermont become a Medicare competitive bid region in the future, it will adopt the lowest of the VNR and the applicable competitive single payment amount. DVHA would publish notification related to a change of this nature through a proposed Global Register notice.

2. The adoption of a transitional payment based on New England Medicaid survey data or historic data; applies to those items and services for which there is no corresponding Medicare rate.

   Effective January 1, 2018, for those codes with no Medicare benchmark but that are paid via the DMEPOS fee schedule, DVHA is proposing to transition payment to the median price from a survey of available Medicaid rates in the New England states. Where no median rate was available, the DVHA proposes to use the average payment per unit in calendar year (CY) 2016 to set the updated fee on file. The proposed payment would be equal to 50% of the CY 2017 DVHA rate + 50% of the rate from the survey or historic payment data. This change is consistent with the DVHA's efforts to ensure rates are set based upon recent and employ measurable benchmark.

3. The adoption of revised capped rental policies to better reflect Medicare billing practices and payments.

   DVHA proposes that as of January 1, 2018, for those codes which Medicare classified as falling into their "Capped Rental" (CR) classification in CY2017, will be paid in the following manner:

   - Like Medicare, only the RR modifier can be billed for these codes
   - For CR items not classified as "Power Wheel Chairs", the purchase price reflected on the fee schedule will be equal to the RR * 10. The DVHA RR rate in months 1 – 10 will be equal to the Medicare Rate (Medicare RR Rate * 10)/10 but not adjusted differentially in months 1 -3 and 4-13 as Medicare does.
   - For CR items classified as "Power Wheel Chairs", the purchase price will be equal to the Medicare RR / 0.15 to reflect that Medicare RR rates for these items represents 15% of the purchase price. The DVHA RR rate therefore, will be equal to the purchase price/10. DVHA will not adjust the RR rate in months 1 -3 and 4 -13 as Medicare does. At this time, DVHA will follow Medicare's classification of what is considered "Power Wheel Chairs". A list of these codes will be provided upon request.
   - At month 10, payments are capped and DVHA assumes ownership.

   In parallel with the rate update, DVHA will update its provider manual to reflect these changes. The DVHA may audit and recuperate payments should a provider does not use the RR modifier. Since the DVHA publishes its fee schedule to reflect the new purchase price of equipment; the DVHA will add some annotation to its published fee schedules that while a purchase price is displayed, only the RR rate applies, which like all rentals is equal to 1/10 of the new purchase price.

4. The adoption inexpensive equipment rental policies to ensure that DVHA pays no more than the billed charge for the purchase plus any previous rentals.

   For the inexpensive class of services, it is not uncommon for beneficiaries to rent for variable amounts of time prior to purchasing an item. If the previous rental payments are not subtracted from the claim for the eventual purchase, DVHA violates a general pricing policy in that total payments would be in excess of the total payment rate or billed charges for the new equipment.

   DVHA explored changes to its claims adjudication system to reconcile payments however, there are significant systems limitations and resources needed to implement. Instead, DVHA proposes that as of January 1, 2018 providers deduct any previous rental charges from billed charges should a purchase follow a rental period. Like the policy related to capped rentals (CR), the DVHA may audit and recuperate payments should a provider does not deduct the previous rental charges from the subsequent purchase of the equipment.

5. Other areas under consideration for future updates.

   In a second phase of the update, the DVHA will review all codes paid in a method other than a fee schedule and propose a sub-set for which setting a rate would be appropriate. DVHA

seeks comment on which codes should not ever be paid a set fee. DVHA also seeks comment any other changes in pricing action codes (PAC) recommended.

Another area DVHA seeks comments relate to those supplies for which Medicare universally pays separately and DVHA does not pay separately. DVHA is interesting specifically in comments related to:

- Identification of all codes that fall into this category;
- Average utilization data of specific supplies with specific equipment among payers or populations for whom providers receive separate payment for the items;
- Other data or information related to the financial impact of paying for these items separately or bundled.

The draft Global Commitment Amended State Plan page provides additional details on the proposed changes; copies of the draft page can be requested from local Department for Children and Families (DCF) offices or from DVHA at (802) 355-8843, or can be found on the DVHA website: http://dvha.vermont.gov/global-commitment-to-health/global-commitment-register-proposed-policy-changes.

State of Vermont
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# Global Commitment Register

December 21, 2017

GCR 17-109
PROPOSED

## Inpatient Hospital Outlier Threshold and Psychiatric Payment Methodology

**Policy Summary:**

The Department of Vermont Health Access (DVHA) is changing its reimbursement methodologies for the Inpatient Prospective Payment System (IPPS). DVHA will make payments for psychiatric diagnosis related groups (DRGs) and extraordinary high cost outlier cases provided by Border Teaching Hospitals in the same manner that is paid to In-State Teaching Hospitals and will continue to align these payment formulas for these facilities in future rate updates. For the psychiatric DRG payments, this means moving from an acuity-based per case rate to an acuity-based per diem rate. For the outlier cases, this means aligning the fixed outlier threshold at $24,000 and outlier payment percentage used for the basis of outlier payment at 80%.

**Effective Date:**
January 1, 2018

**Authority/Legal Basis:**
This change is being done through Global Commitment to Health waiver authority, where DVHA may establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State Plan.

Global Commitment to Health Waiver: Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #28.

**Population Affected:**
All Medicaid

**Fiscal Impact:**
The estimated annualized impact for the psychiatric DRG payment change is $271,320.

The estimated annualized impact for extraordinary outlier cases is zero. Since extraordinary outlier cases are unpredictable, DVHA will monitor the impact of outlier payments on an

ongoing basis. If outlier payments trend above the current budget amount, then DVHA will make a change to its outlier payment formula to ensure that the annualized impact is zero.

**Public Comment Period:**
12/21/17 – 1/21/18

Send comments to:
AHS Medicaid Policy Unit
280 State Drive, Center Building
Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

There is no public meeting scheduled at this time. If one should be scheduled, that information can be found at: http://dvha.vermont.gov/ either through the calendar or listed under upcoming events.

**Additional Information:**

The draft Global Commitment Amended State Plan pages provides additional details on the proposed changes; copies of the draft pages can be requested from local Department for Children and Families (DCF) offices or from DVHA at (802) 355-8843, or can be found on the DVHA website: http://dvha.vermont.gov/global-commitment-to-health/global-commitment-register-proposed-policy-changes.

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# Global Commitment Register

December 28, 2017

GCR 17-104
PROPOSED

## Physician Administered Drugs Fee Schedule Update

**Policy Summary:**
The Department of Vermont Health Access (DVHA) is proposing to increase the Physician Administered Drugs fee schedule from 93 percent to 96 percent of Medicare pricing. Rates for Physician Administered Drugs are updated every six months using the latest version of Medicare's pricing, which is based on the Medicare Average Sales Price plus 6 percent.

**Effective Date:**
January 1, 2018

**Authority/Legal Basis:**
This change is being done through Global Commitment to Health waiver authority, where DVHA may establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State Plan.

Global Commitment to Health Waiver: Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #28.

**Population Affected:**
All Medicaid

**Fiscal Impact:**

| | State Fiscal Year 2018 | State Fiscal Year 2019 |
|---|---|---|
| **Federal** | $23,259 | $46,793 |
| **State** | $20,241 | $40,207 |
| **Total** | **$43,500** | **$87,000** |

**Public Comment Period:**
December 28, 2017 – January 28, 2018

Send comments to:
AHS Medicaid Policy Unit
280 State Drive, Center Building

Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

There is no public meeting scheduled at this time. If one should be scheduled, that information can be found at: http://dvha.vermont.gov/ either through the calendar or listed under upcoming events.

**Additional information:**

The draft Global Commitment Amended State Plan page provide additional details on the proposed changes; copies of the draft SPA can be requested from local Department for Children and Families (DCF) offices or from DVHA at (802) 355-8843, or can be found on the DVHA website: http://dvha.vermont.gov/global-commitment-to-health/global-commitment-register-proposed-policy-changes.

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# Global Commitment Register

December 28, 2017

GCR 17-105
PROPOSED

## Miscellaneous Services Reimbursement Update

**Policy Summary:**
The Agency of Human Services (AHS) is updating its reimbursement for miscellaneous services that are currently paid by Vermont Medicaid at a percent of billed charges (Procedure Action Code I or PAC I). AHS is making this change to align payment at 60% of billed charges for all miscellaneous services for which there is no established reimbursement rate. This reimbursement update spans a broad range of service categories and provider types such that no one service category or provider type is significantly impacted.

A list of the codes included in this update can be found under the Additional Information section below.

**Effective Date:**
January 1, 2018

**Authority/Legal Basis:**
Medicaid State Plan

**Population Affected:**
All Medicaid

**Fiscal Impact:**

| | State Fiscal Year 2018 | State Fiscal Year 2019 |
|---|---|---|
| **State** | ($16,053) | ($31,888) |
| **Federal** | ($18,447) | ($37,112) |
| **Total** | ($34,500) | ($69,000) |

**Public Comment Period:**
December 28, 2017 – January 28, 2018

Send comments to:
AHS Medicaid Policy Unit
280 State Drive, Center Building
Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

There is no public meeting scheduled at this time. If one should be scheduled, that information can be found at: http://dvha.vermont.gov/ either through the calendar or listed under upcoming events.

**Additional Information:**

Procedure codes included in this reimbursement update are as follows:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 0178T | A4328 | A4774 | A9543 | E1902 | G9034 | L3808 | P9037 | S9452 |
| 0179T | A4330 | A4802 | A9546 | E2216 | G9035 | L3891 | P9040 | S9482 |
| 0180T | A4463 | A4860 | A9550 | E2217 | G9036 | L3905 | P9053 | S9542 |
| 0184T | A4470 | A4911 | A9553 | E2218 | J1457 | L3913 | Q0081 | S9976 |
| 21089 | A4480 | A4918 | A9554 | E2227 | J3110 | L3915 | Q0084 | S9977 |
| 21743 | A4559 | A5120 | A9566 | E2228 | J8999 | L3919 | Q0085 | S9988 |
| 44137 | A4600 | A6025 | A9567 | E2291 | K0669 | L3921 | Q0144 | V2631 |
| 44238 | A4601 | A6198 | A9569 | E2292 | K0730 | L3933 | Q0488 | V2788 |
| 44715 | A4627 | A6205 | A9570 | E2293 | K0733 | L3935 | Q9951 | V2790 |
| 44979 | A4634 | A6215 | A9571 | E2294 | K0800 | L3956 | Q9953 | V5010 |
| 47579 | A4642 | A6218 | A9698 | E2300 | K0801 | L3961 | Q9954 | V5265 |
| 50325 | A4648 | A6221 | B4102 | E2301 | K0802 | L3967 | Q9955 | V5267 |
| 50949 | A4650 | A6230 | B4104 | E2312 | K0806 | L3971 | Q9959 | V5268 |
| 54699 | A4651 | A6239 | B4149 | E2372 | K0807 | L3973 | Q9962 | V5269 |
| 55559 | A4652 | A6261 | B4157 | E2373 | K0808 | L3975 | Q9964 | V5273 |
| 59898 | A4653 | A6262 | B4158 | E2374 | K0869 | L3976 | S0077 | V5274 |
| 60659 | A4657 | A6404 | B4159 | E2375 | K0870 | L3977 | S0145 | V5275 |
| 69979 | A4671 | A6412 | B4160 | E2376 | K0871 | L3978 | S0164 | V5298 |
| 76496 | A4672 | A6513 | B4161 | E2377 | K0877 | L4002 | S0265 | |
| 77385 | A4673 | A6530 | B4162 | E2388 | K0878 | L5703 | S0302 | |
| 77386 | A4674 | A6531 | B4172 | E2389 | K0879 | L5810 | S0515 | |
| 77387 | A4680 | A6532 | B4185 | E2390 | K0880 | L5971 | S0618 | |
| 77520 | A4706 | A6533 | B4224 | E2391 | K0884 | L6611 | S0812 | |
| 77522 | A4707 | A6534 | B5200 | E2392 | K0885 | L6621 | S1015 | |
| 78699 | A4708 | A6535 | D0393 | E2394 | K0886 | L6677 | S1016 | |
| 90636 | A4709 | A6536 | E0118 | E2395 | K0890 | L6694 | S2068 | |
| 90649 | A4714 | A6537 | E0170 | E2397 | K0891 | L6695 | S2079 | |
| 90734 | A4719 | A6538 | E0171 | E2609 | L0623 | L6696 | S2083 | |
| 90999 | A4720 | A6539 | E0172 | E2610 | L0624 | L6697 | S2230 | |
| 92630 | A4721 | A6540 | E0218 | E2617 | L0629 | L6698 | S2348 | |
| 92633 | A4722 | A6541 | E0248 | G0153 | L0632 | L6883 | S4042 | |
| 94772 | A4723 | A6549 | E0328 | G0186 | L0634 | L6884 | S8096 | |
| A0998 | A4724 | A7027 | E0329 | G0235 | L0999 | L6885 | S8100 | |
| A4207 | A4725 | A7523 | E0485 | G0257 | L1001 | L7400 | S8110 | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| A4212 | A4726 | A8002 | E0486 | G0259 | L2034 | L7401 | S8186 | |
| A4218 | A4728 | A8003 | E0639 | G0260 | L2232 | L7402 | S8301 | |
| A4220 | A4730 | A8004 | E0640 | G0302 | L2387 | L7403 | S8420 | |
| A4248 | A4736 | A9283 | E0642 | G0303 | L2861 | L7404 | S8421 | |
| A4264 | A4737 | A9501 | E0700 | G0304 | L3265 | L7405 | S8422 | |
| A4267 | A4740 | A9512 | E0705 | G0305 | L3485 | L7600 | S8423 | |
| A4290 | A4750 | A9520 | E0762 | G0339 | L3671 | L8039 | S8424 | |
| A4301 | A4755 | A9526 | E0856 | G0340 | L3702 | L8048 | S8425 | |
| A4305 | A4760 | A9528 | E0911 | G9013 | L3762 | L8049 | S8426 | |
| A4306 | A4765 | A9529 | E0912 | G9014 | L3763 | L8505 | S8427 | |
| A4312 | A4766 | A9530 | E0936 | G9017 | L3764 | L8513 | S8428 | |
| A4313 | A4770 | A9531 | E1039 | G9018 | L3765 | L8514 | S8450 | |
| A4316 | A4771 | A9532 | E1229 | G9019 | L3766 | L9900 | S8451 | |
| A4321 | A4773 | A9536 | E1239 | G9020 | L3806 | P9035 | S9097 | |

State of Vermont
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280 State Drive, Center Building
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# Global Commitment Register

December 28, 2017

GCR 17-073
FINAL PROPOSED

## Health Care Administrative Rules Update

**Policy Summary:**
The Agency of Human Services (AHS) has filed final proposed rules with the Office of the Secretary of State (SOS) and the Legislative Committee on Administrative Rules (LCAR), to amend the below administrative rules for Medicaid covered services. These final proposed rules are expected to be presented to LCAR for review and approval on January 25, 2018 at 8:00 am. The LCAR meeting schedule can be viewed here.

**4.103 Medicaid Non-Covered Services** (New Rule)
- This rule defines experimental and investigational services. It also clarifies that massage therapists and service animals are not covered by Medicaid.

**4.223 Abortion** (replaces Medicaid Covered Services Rule 7302)
- This rule provides clarity on federal reimbursement requirements, service providers, and certification form requirements.

**9.103 Supervised Billing** (New Rule)
- This rule clarifies how Medicaid can pay for services provided by non-licensed providers when supervised by licensed providers.

**REPEAL of the following Medicaid Covered Services Rules:**
- 7303 Acupuncture
- 7306 Fertility Services
- 7307 Massage Therapy
- 7310 Surgery

**Effective Date:**
The rules will go into effect after receiving approval from LCAR and upon submitting the adopted rules with the Office of the Secretary of State.

**Authority/Legal Basis:**
Adopting and rulemaking: 3 V.S.A. § 801(b) (11), 33 V.S.A. § 1901(a)(1).

**Population Affected:**
All Medicaid.

**Fiscal Impact:**
No fiscal impact.

**Public Comment Period:**
A public hearing was held on November 28, 2017. The public comment period closed on December 5, 2017. Public comments and responses are available here.

**Additional Information:**

- The HCAR final proposed rules are available on the AHS website.
- The final proposed rules on the SOS website are referred to as:
    - Rule 17P036 Acupuncture
    - Rule 17P037 Fertility Services
    - Rule 17P038 Massage Therapy
    - Rule 17P039 Surgery
    - Rule 17P040 Abortion
    - Rule 17P041 Medicaid Non-Covered Services
    - Rule 17P042 Supervised Billing
- The HCAR rules that are currently in effect.
- The DVHA rules that are currently in effect.
- More information about the rulemaking process from the Office of the Secretary of State's website.

State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

# Global Commitment Register

January 4, 2018

GCR 17-097
PROPOSED

## Department of Mental Health Psychotherapy Coding Updates

**Policy Summary:**
The Department of Mental Health (DMH) is proposing to discontinue reimbursement for two Healthcare Common Procedure Coding System (HCPCS) codes that have been used for individual, group, and family psychotherapy: H2032 and H2019. DMH providers will continue to be reimbursed for individual, group, and family psychotherapy services by submitting claims to Vermont Medicaid with the appropriate psychotherapy Current Procedural Terminology (CPT) code. This change affects Medicaid providers delivering DMH-funded Medicaid services only.

The applicable CPT codes and their rates are below:

| CPT Code | Rate |
|---|---|
| 90853 | $44.10 |
| 90832 | $45.02 |
| 90834 | $105.04 |
| 90837 | $140.05 |
| 90846 | $140.05 |
| 90847 | $140.05 |

**Effective Date:**
January 1, 2018

**Authority/Legal Basis:**
Global Commitment to Health Waiver: Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #28.

**Population Affected:**
Medicaid beneficiaries receiving DMH-funded Medicaid services.

**Fiscal Impact:**

| | State Fiscal Year 2018 | State Fiscal Year 2019 |
|---|---|---|
| **State** | $15,972 | $31,727 |
| **Federal** | $18,354 | $36,924 |
| **Total** | **$34,326** | **$68,651** |

**Public Comment Period:**
December 29, 2017 – January 29, 2018

Send comments to:
AHS Medicaid Policy Unit
280 State Drive, Center Building
Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

There is no public meeting scheduled at this time. If one should be scheduled, that information can be found at: http://dvha.vermont.gov/ either through the calendar or listed under upcoming events.

State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

# Global Commitment Register

December 29, 2017

GCR 17-087
PROPOSED

## Vermont Medicaid Next Generation ACO Program

**Policy Summary:**

The Agency of Human Services is entering the second year of the Vermont Medicaid Next Generation Accountable Care Organization (VMNG ACO) program, which is a pilot program for a risk-bearing ACO to receive a prospective payment and to assume accountability for the costs and quality of care for prospectively attributed Medicaid members. The VMNG model is structured similarly to the Medicare Next Generation ACO Model, but has been modified to address the needs of the Medicaid population in Vermont.

In the VMNG ACO arrangement, Medicaid issues a prospective All-Inclusive Population Based Payment (AIPBP) to the ACO on a Per-Member-Per-Month (PMPM) basis according to a members' Medicaid Eligibility Group; the ACO distributes funds to providers participating in the program according to contractual arrangements. This is a monthly fixed payment made in advance of services being performed for a prospectively attributed group of Medicaid members and a defined set of Medicaid services comparable to services provided under Medicare Parts A and B. Payments for services for which the ACO is not accountable are still paid fee-for-service, as are payments made to non-ACO providers for attributed members, and payments made to providers in the ACO network that elect to be reimbursed fee-for-service.

The second year of the ACO program will have the following updates:

1) Physician administered drugs will be included in the Total Cost of Care.
2) Prior authorization requirements will be waived for all providers for the above defined set of Medicaid services provided to attributed members for which the ACO is accountable.
3) Changes to the quality withhold and quality measure set (see coverage document in the Additional Information section below).

Additional information regarding this program can be found below.

**Effective Date:**
January 1, 2018

**Authority/Legal Basis:**
Global Commitment to Health Waiver: Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #28.

**Population Affected:**
Attributed Medicaid beneficiaries.

**Fiscal Impact:**
The estimated annualized gross budget impact of this program is budget neutral.

**Public Comment Period:**
December 29, 2017 – January 29, 2018

Send comments to:

Agency of Human Services
Medicaid Policy Unit
280 State Drive, Center Building
Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

There is no public meeting scheduled at this time. If one is scheduled, an updated Global Commitment Register notice will be issued.

**Additional Information:**
Draft documents describing the Vermont Medicaid Next Generation ACO Program:

- Coverage document
- Reimbursement document

State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

# Global Commitment Register

December 29, 2017

GCR 17-043 through 17-049
FINAL

## Health Benefits Eligibility and Enrollment Rules Updates

**Policy Summary:**
The Agency of Human Services (AHS) has filed the following adopted rules with the Office of the Secretary of State (SOS), referenced as Health Benefits Eligibility and Enrollment (HBEE):

- GCR 17-043: HBEE Part 1 – General Provisions and Definitions
- GCR 17-044: HBEE Part 2 – Eligibility Standards
- GCR 17-045: HBEE Part 3 – Nonfinancial Eligibility Requirements
- GCR 17-046: HBEE Part 4 – Special Rules for Medicaid Coverage of Long-Term Care Services and Supports – Eligibility and Post-Eligibility
- GCR 17-047: HBEE Part 5 – Financial Methodologies
- GCR 17-048: HBEE Part 7 – Eligibility and Enrollment Procedures
- GCR 17-049: HBEE Part 8 – Fair Hearings and Expedited Administrative Appeals

The rules are effective as of January 1, 2018, and will supersede HBEE rules that went into effect on January 15, 2017.

HBEE is made up of eight separate rules that provide the eligibility standards for Medicaid, Qualified Health Plans, and other health care programs. Current rulemaking involves the seven rules listed above.

The adopted rules align HBEE, Parts 1-5 and 7-8, with federal law and guidance and state law, provide clarification, correct information, improve clarity, and make technical corrections.

Substantive revisions include modification of the eligibility criteria for the Medicaid for Working People with Disabilities (MWPD) program in response to 2015 Acts and Resolves No. 51, Sec. C.9. to the extent permitted by the Centers for Medicare and Medicaid Services (CMS) (HBEE Part 2), modification of the exclusion requirements for special needs trusts in response to changes in trust policy as a result of the 21st Century Cures Act (HBEE Part 5), reorganization of the special enrollment period rule and addition of pregnancy as a qualifying event pursuant to state law (HBEE Part 7), and expansion of the availability of expedited appeals (HBEE Part 8).

**Effective Date:**
January 1, 2018

**Authority/Legal Basis:**
Medicaid: C.F.R., Title 42, Chapter IV, Subchapter C, Part 435
Health Benefits Exchange: C.F.R., Title 45, Subtitle A, Subchapter B, Part 155
Adopting and rulemaking: 3 V.S.A. §§ 801(b) (11), 838, 3052, 3053; 33 V.S.A. §§ 105, 1901

**Population Affected:**
Medicaid and Qualified Health Plan applicants and enrollees.

**Fiscal Impact:**
Changes to HBEE Part 2 that enhance income and resource exclusions for Medicaid for Working People with Disabilities (MWPD) eligibility will have an estimated gross annualized budget impact of $574,000. AHS anticipates no other economic impact to the State in fiscal years 2017-2018 as a result of these changes to HBEE.

**Public Comment Period:**
The public comment period on this rule closed on September 12, 2017. Comments received, responsiveness summary, and summary of changes can be viewed here:

1. Comments Received
2. Responsiveness Summary
3. Summary of Changes

**History of HBEE:**

- HBEE (GCR 17-043 to 049), final rules, are effective January 1, 2018 and will supersede HBEE (GCR 16-094 to 98 and 100 to 101; HBEE Part 6, GCR 16-099, was not superseded)
- HBEE (GCR 16-094 to 101), final rules, became effective January 15, 2017 and superseded HBEE (B16-02F)(HBEE was divided into 8 separate rules)
    - Rulemaking announcements previously made by Department for Children and Families bulletins (which can be viewed at http://dcf.vermont.gov/esd/laws-rules/proposed-adopted under "Archived Rules") now made in Global Commitment Register.
- HBEE (B16-02F), a final rule, became effective August 1, 2016 and superseded HBEE (B16-22E)
- HBEE (B16-22E), an emergency rule, became effective January 11, 2016 and superseded HBEE (B15-02F)
- HBEE (B15-02F), a final rule, became effective July 15, 2015 and superseded HBEE (B14-04F)
- HBEE (B14-04F), a final rule, was effective July 30, 2014 and superseded HBEE Amendment # 3 (B14-02E)
- HBEE Amendment # 3 (B14-02E), an emergency rule, was effective March 31, 2014 and superseded HBEE Amendment # 2 (B13-46E)
- HBEE Amendment # 2 (B13-46E), an emergency rule, was effective January 1, 2014 and superseded HBEE Amendment # 1 (B13-36E)
- HBEE Amendment # 1 (B13-36E), an emergency rule, was effective October 1, 2013 and superseded the original HBEE (B13-12F)
- HBEE (B13-12F), the original final rule, was effective October 1, 2013

**Additional Information:**

To get more information about the rulemaking process, see the website of the Office of the Secretary of State.

HBEE adopted rules are available at this link.

State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671

# Global Commitment Register

December 29, 2017

GCR 16-020
CLARIFICATION

## Medicaid for Working People with Disabilities Eligibility Expansion

**Policy Summary:**

*This SPA was approved by CMS. Below is the policy summary for submission.*

The Agency of Human Services filed State Plan Amendment (SPA) 16-0002 to expand eligibility for the Medicaid for Working People with Disabilities (MWPD) Program. This amendment, as required by Act 51 of the 2015 Vermont legislative session, seeks to expand eligibility for the program by disregarding certain types of income for MWPD beneficiaries and their spouses. It also increases the resource limits for this program to $10,000 per individual and $15,000 per couple.

**Effective Date:**
Approved by CMS on August 7, 2017. Effective January 1, 2018.

**Authority/Legal Basis:**
42 CFR §430.12(c)(1)(ii) under the Medicaid State Plan, available here: http://dvha.vermont.gov/administration/state-plan.
Act 51 of the 2015 Vermont legislative session, available here: http://legislature.vermont.gov/assets/Documents/2016/Docs/ACTS/ACT051/ACT051%20As%20Enacted.pdf.

**Population Affected:**
All Medicaid.

**Fiscal Impact:**
The fiscal impact of this amendment is an estimated annualized increase of $574,000.

**Public Comment Period:**
The public comment period was June 17, 2016 – July 20, 2016. No public comments were received.

**Additional Information:**
Click here to view the GCR final policy for 16-020: Medicaid for Working People with Disabilities Eligibility Expansion

Click here for the updated State Plan on the DVHA website.

The following State Plan pages were amended:

- Attachment 2.6-A Supplement 8a page 2
- Attachment 2.6-A Supplement 8b page 2

State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

# Global Commitment Register

January 3, 2018

GCR 17-082
CLARIFICATION

## Inpatient Prospective Payment System

**Policy Summary:**

*This SPA was approved by CMS. Below is the policy summary for submission.*

The Department of Vermont Health Access (DVHA) is changing its reimbursement methodologies for the Inpatient Prospective Payment System (IPPS). DVHA increased the IPPS base rate paid to border teaching hospitals to align with the IPPS base rate paid to in-state teaching hospitals, and will continue to align the IPPS base rate for these facilities in future rate updates. DVHA also increased the Rehabilitation Add-On Payment for border teaching hospitals to align with in-state teaching hospitals. The IPPS base rate for teaching hospitals is $8,390 and the Rehabilitation Add-On Payment is $300 per diem.

**Effective Date:**
January 1, 2018

**Authority/Legal Basis:**

This change was done through Global Commitment to Health waiver authority, where DVHA may establish rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State Plan.

Global Commitment to Health Waiver: Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #28.

**Population Affected:**
All Medicaid

**Fiscal Impact:**
The estimated annualized fiscal impact is $7,968,325.

**Public Comment Period:**
The public comment period ended 10/13/17. No comments were received.

**Additional Information:**

Click here to view the GCR final policy for 17-082: Inpatient Prospective Payment System

Click here for the updated State Plan on the DVHA website.

The following State Plan pages were amended:

- Attachment 4.19-B pages 1c-7 and 1c-10

State of Vermont
Agency of Human Services
280 State Drive
Waterbury, VT 05671-1000

# Global Commitment Register

January 9, 2018

GCR 18-001
FINAL

## Post Award Forum – Global Commitment to Health Demonstration Waiver

**Policy Summary:**
The Agency of Human Services (AHS) received approval from the federal government to extend the Global Commitment to Health Medicaid Waiver on October 24, 2016. The waiver term is 5 years, starting 1/1/2017 and ending 12/31/2021. In accordance with the waiver Special Terms and Conditions #43, and pursuant to 42 CFR §431.420(c), AHS will be holding a post award forum as a part of the regularly scheduled Medicaid & Exchange Advisory Board monthly meeting in February. The purpose of the forum is to afford the public with an opportunity to provide meaningful comment on the progress of the demonstration. A summary of comments received will be included both in the 2018 first quarter Global Commitment Report as well as the 2018 Global Commitment Annual Report.

**Public Forum:**
Date: February 26, 2018
Time: Between 10:00am – 12:00pm
Location: Sally Fox Conference Center, Ash Conference Room
Waterbury State Office Complex
280 State Drive
Waterbury, Vermont 05671

**Authority/Legal Basis:**
Section 1115(a) of the Social Security Act
33 V.S.A. § 1812; 33 V.S.A. Chapter 19, subchapter 1

**Population Affected:**
All Vermont Medicaid

**Additional Information:**

Click here for the most recently published Global Commitment Annual Report (2016).

Click this link for the Global Commitment to Health waiver approval documents.

State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

# Global Commitment Register

January 16, 2018

GCR 17-074
PROPOSED

## Face-to-Face Visit Verification

**Policy Summary:**

Effective February 15, 2018, physicians enrolled in Vermont Medicaid must document that a face-to-face encounter occurred for the initial ordering of home health services, durable medical equipment, and supplies within specified timeframes. This change assures compliance with federal requirements at 42 CFR §440.70(f) and aligns Medicaid with Medicare requirements. For Vermont Medicaid, the requirement will apply to durable medical equipment, supplies, and services that are also covered by Medicare.

Additional information for providers can be found below.

**Effective Date:**
February 15, 2018

**Authority/Legal Basis:**
- 42 CFR §440.70(f)
- Medicaid State Plan

**Population Affected:**
All Medicaid

**Fiscal Impact:**
No fiscal impact.

**Public Comment Period:**
1/16/18 – 2/15/18

Send comments to:
AHS Medicaid Policy Unit
280 State Drive, Center Building
Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

There is no public meeting scheduled at this time. If one should be scheduled, that information can be found at: http://dvha.vermont.gov/ either through the calendar or listed under upcoming events.

**Additional Information:**

Face-to-Face Visit Requirements

(1) For home health services the ordering physician or non-physician practitioner must conduct a face-to-face encounter with the beneficiary no more than 90 days prior to, or 30 days after the start of service.

(2) For durable medical equipment and supplies the encounter must be no more than 6 months prior to the start of service.

(3) The face-to-face encounter must be related to the primary reason the patient requires services.

(4) The face-to-face encounter may be conducted in person or through telemedicine.

(5) The ordering physician must document:
- (A) That the face-to-face encounter is related to the primary reason the patient requires services,
- (B) That the face-to-face encounter occurred within the required timeframes prior to the start of services,
- (C) The practitioner who conducted the encounter, and
- (D) The date of the encounter.

(6) The non-physician practitioner performing the face-to-face encounter must communicate the clinical findings of that face-to-face encounter to the ordering physician. Those clinical findings must be incorporated into a written or electronic document included in the beneficiary's medical record.

Qualified Providers

(a) The following non-physician practitioners may perform the face-to-face encounter:
- (1) A nurse practitioner, clinical nurse specialist, or certified nurse midwife working in collaboration with the ordering physician, or
- (2) A physician assistant under the supervision of the ordering physician.

(b) For beneficiaries admitted to home health immediately after an acute or post-acute stay the attending acute or post-acute physician may perform the face-to-face encounter.

(c) A certified nurse midwife may only perform the face-to-face encounter for home health services.

Information on the face-to-face visit requirement will be available in the Medicaid Provider Manual by February 15, 2018.