



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

Global Commitment Register

November 13, 2017

Below please find 4 GCR policies that have been posted to the [DVHA website](#) since October 17, 2017 (in chronological order):

- [17-072: Telemedicine](#) (final)
- [17-062: Women's Health Initiative Expansion to Primary Care Providers](#) (final)
- [17-063: Inpatient Postpartum LARC Add-on Increase](#) (final)
- [17-067: Digital Breast Tomosynthesis – 3D Mammography](#) (final)



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Global Commitment Register

October 27, 2017

GCR 17-072
FINAL

Telemedicine

Policy Summary:

The Agency of Human Services (AHS) is proposing to expand telemedicine services to align with Act 64 (S.50) from the 2017 legislative session. Currently, Vermont Medicaid reimburses for telemedicine services provided facility to facility, or in the case of primary care services, facility to community/home.

Effective October 1, 2017, Vermont Medicaid will broaden its telemedicine policy to include the reimbursement of existing Medicaid covered services outside a facility as long as it is clinically appropriate and within the Medicaid provider's licensed scope of practice. Providers are expected to adhere to the same program restrictions, limitations and coverage which exist for the service when not provided through telemedicine; this includes prior authorizations. Vermont Medicaid will not reimburse distant site providers if there is insufficient information to render a clinical decision. Additional information for providers can be found below.

Effective Date:

October 1, 2017

Authority/Legal Basis:

- [Medicaid State Plan](#)
- [Act 64 of the 2017 Vermont Legislative Session](#)

Population Affected:

All Medicaid

Fiscal Impact:

No fiscal impact.

Public Comment Period:

The public comment period ended 10/25/17. [Comment/response](#) can be viewed here.

Additional Information:

Qualified Providers shall:

- (a) Meet or exceed applicable federal and state legal requirements of medical and health information privacy, including compliance with HIPAA.
- (b) Provide appropriate informed consent to include:
 - (1) Identifying the patient, the provider and the provider's credentials; and
 - (2) The types of transmissions permitted using telemedicine technologies; and
 - (3) The Patient agrees that the provider determines whether or not the conditions being diagnosed and/or treated is appropriate for a telemedicine encounter; and
 - (4) Details on security measures taken with the use of telemedicine technologies; and
 - (5) Disclosure to the patient that information may be lost due to technical failures; and
 - (6) Requirement for express patient consent to forward patient-identifiable information to a third party.
- (c) Take appropriate steps to establish the provider-patient relationship and conduct all appropriate evaluations and history of the patient consistent with traditional standards of care.
- (d) Maintain medical records for all telemedicine patients that are consistent with established laws and regulations governing patient health care records.
- (e) Establish an emergency protocol when care indicates that acute or emergency treatment is necessary for the safety of the patient.
- (f) Ensure continuity of care for patients.
- (g) Uphold patient safety in the absence of a traditional physical examination if prescriptions are contemplated.

In order for providers to bill for services delivered through telemedicine they must follow the billing procedures below:

- Use a 'GT' modifier (via interactive audio and video telecommunications systems) with the code for the service(s) provided to indicate the services were not delivered face to face.
- Indicate place of service (POS) code '02' (telehealth).
- Procedure Code Q3014 and POS code '02' must be used by the originating site (location of the patient) to be reimbursed the site facility fee of \$16.00. If the provider and the originating site facility are both employed by the same entity, providers cannot bill for this service.

Information on expanded telemedicine services is available in the [Medicaid Provider Manual](#).



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October 31, 2017

GCR 17-062
FINAL

Women's Health Initiative Expansion to Primary Care Providers

Policy Summary:

The Blueprint for Health, a program of the Agency of Human Services (AHS), is expanding the Women's Health Initiative (WHI) recurring per member per month (PMPM) payments to Blueprint primary care providers (PCPs) who implement the WHI strategies. Through the WHI, these providers will provide enhanced health and psychosocial screening along with comprehensive family planning counseling that emphasizes the effectiveness of different birth control options and same-day insertion for women who choose long acting reversible contraceptives as their preferred method of birth control. Payments will support effective follow-up to provider screenings through brief, in-office intervention and referral to services for depression, substance abuse, intimate partner violence, food, and housing. For the first 12 months of participation in the program, practices will be paid a \$1.25 PMPM on Medicaid beneficiaries seen in the past two years; in subsequent years of participation, practices will be paid a base payment of \$1.00 PMPM plus a quality payment of up to \$0.50 PMPM based on performance measures. The WHI will work to ensure participating providers have the resources they need to help women be well, avoid unintended pregnancies, and build thriving families.

Effective Date:

October 1, 2017

Authority/Legal Basis:

[Global Commitment to Health 1115 Waiver](#). Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #28.

Population Affected:

Female patients 15 – 44 years old with Vermont Medicaid as primary payer or dual-enrolled in Medicare and Medicaid without having a commercial insurer as the primary payer.

Fiscal Impact:

The estimated budget impact for the first year of this expansion is \$400,000. The estimated impact for subsequent years is \$480,000.

Public Comment Period:

The public comment period ended on October 22, 2017. No comments were received.

Additional Information:

- The Vermont Blueprint for Health is a state-led, nationally-recognized initiative transforming the way primary care and comprehensive health services are delivered and paid for. More information about the Blueprint can be found by visiting the [Blueprint for Health](#) website.
- [Women's Health Initiative section in the Blueprint Manual](#)
- [WHI attestation document for Blueprint providers](#)



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Global Commitment Register

October 31, 2017

GCR 17-063
FINAL

Inpatient Postpartum LARC Add-on Increase

Policy Summary:

The Agency of Human Services (AHS) has increased the inpatient postpartum long-acting reversible contraceptive (LARC) add-on to \$800. The previous Vermont Medicaid LARC add-on rate was \$200. Increasing the add-on payment to \$800 creates a financial incentive for providers to offer postpartum LARC insertion in the inpatient setting and overcomes the cost related barriers of the devices.

Effective Date:

October 1, 2017

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 estimated annualized budget impact is \$34,864.

Public Comment Period:

The public comment period ended on October 22, 2017. No comments were received.



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Global Commitment Register

November 2, 2017

GCR 17-067
FINAL

Digital Breast Tomosynthesis – 3D Mammography

Policy Summary:

The Agency of Human Services (AHS) has added digital breast tomosynthesis (also known as 3D mammography) as a Medicaid covered service. The National Comprehensive Cancer Network (NCCN) recommends 3D mammography as an adjunct to digital (2 dimensional) mammography. This service will allow for more accurate screenings for breast cancer and help to eliminate call back screening. 3D mammography does not require prior authorization.

Effective Date:

November 1, 2017

Authority/Legal Basis:

[Medicaid State Plan](#)

Population Affected:

All Medicaid

Fiscal Impact:

The estimated gross annualized budget impact is \$61,070.40.

Public Comment Period:

The public comment period ended 10/31/17. [One comment](#) was received.

Additional Information:

Per National Correct Coding Guidelines, G0279 is an add-on code that can only be billed when also billing G0204 or G0206.