



VCHIP CHAMP VDH COVID-19

April 15, 2020 | 12:15-12:45pm Call Questions and Answers*

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Practice Issues – Payment Updates, Medicaid Retainer

Payment Updates

We will be revisiting this issue again on Friday, April 17th and Kate McIntosh of BCBSVT may be joining us. In the last few days, one of our pediatrician colleagues noted she was able to receive Medicaid payment for wellness codes 99392 through 99394. Our colleague used her usual modifiers as if it was an in-office visit with the place of service of 02 (believe for dates of services in April). Her claims that were dated in late March were denied by Medicaid and she plans to resubmit those for payment. We do have a collective understanding that this payment was supposed to be active as of March 23, 2020 and have made some progress. We will continue to be in conversation with DHVA as we heard some of our colleagues are still struggling.

Additionally, we did receive a response from Nissa James, Director of Communication and Legislative Affairs at DVHA, who has encouraged us to follow DVHA's established process for sending in your concerns through their website or additional questions through Medicaid Provider Services via the regular phone number. They are trying to collect the information and concerns through a main database and would like to have a consistent and consolidated response.

We have also been informed that there had been a system restriction related to codes 99391 – 99397 (established patient codes). They should have been allowed with the place of service of 02 for telehealth indicating service delivery through telemedicine. Nissa emphasized that this is for telemedicine and not telephone care. DHVA was able to move quickly and fix that restriction after being alerted to this.

In respect to a visit that was partially completed with telemedicine (i.e. immunization administered at curbside or screening over the phone and then bringing the patient briefly into the clinic to conduct the components that needed to be done face-to-face), their team concluded that if the components of the well visit are all met, including the components that are required to be given face-to-face (unless unusual circumstances), then the practice can bill as they normally would even with some components being met over the phone in order to minimize the risk of exposure to the child(ren) and adult. They are in the process of updating that on the FAQ linked here: <https://dvha.vermont.gov/covid-19>.

We are continuing discussions with BCBSVT about well child care provision for children under 2 years of age. There have been different viewpoints on the role of the physical exams in those visits and we are walking the fine line regarding the provision of high quality and safe care under the current circumstances.

*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

Medicaid Retainer

The goal of this retainer is to keep practices engaged during this time of financial stress. There is an application process, which is relevantly simple. The application period is open from 3/27/20 – 4/21/20 and we are not sure if it will be subject to provision from the published date. There is an Agency of Human Services team that is reviewing the applications on a weekly basis. Your commitment will be to continue serving the Medicaid population throughout the period of emergency. What caught many of your attention is the line noting that “funding may be subject to recoupment.” Of the 39 applications submitted, 13 have been approved for a total of \$829k to be deposited electronically to Medicaid payment accounts. There will be a second review cycle this week. The 13 practice site distribution (from 1st review cycle) include the following: pediatric, naturopathic, specialty, residential, adult day, recovery (mostly rural settings).

The issues and concerns come down to whether this will be a grant or a loan. We are concerned that some of you may not be applying because of this uncertainty. A letter is being drafted to Mike Smith to clarify and express concerns about the uncertainty of recoupment. We all are worried about the continued adverse impact on pediatric and family medicine practices as we move into whatever the recovery phase is going to look like. Lastly, we encourage all to apply.

Questions/Discussion

C: Why are the number of testings low out of the Rutland area?

A: Indra Lovko MD, Community Health Centers of the Rutland Region: At this point, I don't know why that is. You may want to reach out to Brad Berryhill, who is the medical director of the FQHC, to make sure his urgent care providers know about this.

C: FYI - Some home health agencies are able to test in the home for patients that aren't able to get to testing sites.

Q: What about testing in senior housing where cases are known (i.e. over 55 senior living, not nursing home or assisted living)?

A: Breena Holmes, MD, VDH: I can't speak for the epidemiology team from a capacity perspective, but if they know about these cases, and there are multiple people living in close quarters that fit the definition of high-risk (which would be senior), they are on it.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Those questions would be good to discuss with the epidemiology team on a case-by-case basis to see what decisions would have to be made to determine whether to test more broadly in a facility. These scenarios may be among the rare scenarios where testing of asymptomatic patients would be considered but so much would depend on the specific scenario.

Q: Are higher death rates proportionate to the higher percentage of aged in our state?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Yes and the fact that so many deaths are associated with nursing home outbreaks is also related.

A: Breena Holmes, MD, VDH: The HAN on the deaths in VT will be helpful in seeing the age distribution and associated health concerns.

A: Stephanie Winters, Vermont Medical Society: Here is a great link that was submitted to the Senate Health & Welfare that breaks down deaths and race:

<https://legislature.vermont.gov/Documents/2020/WorkGroups/Senate%20Health%20and%20Welfare/COVID-19/W~David%20Englander~COVID-19%20Data%20Summary~4-15-2020.pdf>.

C: I was struck by the comment on the VMS call yesterday that the Howard group home living was unable to test their high-risk population after a positive test, which is similar to transferring a patient from the hospital to a nursing home.

A: Breena Holmes, MD, VDH: The VMS call was confusing and I want to make sure people know what they were asking. They want to test people before entering into group homes and the commissioner was pursuing an answer to that after the call. It would be at the level of the hospital staff allowing the test because the primary people coming are out of psychiatric inpatient care and going out into a group home.

Q: Is recoupment tied to federal funding to the state?

A: Stephanie Winters, Vermont Medical Society: Yes, I think they are still waiting for disbursement. They did put this in place before we knew about federal funding, so kudos to DVHA for that!

C: Quick update from Building Bright Futures: To celebrate the Week of the Young Child and to spread uplifting news, Building Bright Futures just launched our #vermontstrongkids campaign to generate the sharing of stories of resilience and how communities are supporting young children and families across the state of Vermont! We invite you to share stories/photos/videos using #vermontstrongkids on social media OR send your story directly to Building Bright Futures: <https://bit.ly/vtstrongkids>. We would love to hear from pediatric partners statewide and highlight the incredible work of your teams!