November 30, 2018

Re: Vermont Medicaid FQHC and RHC Supplemental Provider Manual; DME Supplemental Manual; and Dental Supplemental Manual

Dear Commissioner Gustafson,

Thank you for the opportunity to provide comment on the Vermont Medicaid FQHC and RHC Supplemental Provider Manual, DME Supplemental Manual, and Dental Supplemental Manual (November 2018).

Bi-State Primary Care Association promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire. Bi-State’s Vermont membership includes federally-qualified health centers and rural health centers, who are subject to the requirements in these revised manuals.

For ease of review and editing, we are providing a few comments in this cover letter and additional track-changes comments in the FQHC/RHC Manual.

**FQHC/RHC Manual Comments:**

**Section 2.1: Encounter Examples last bullet**

- BSCPA Comment: Currently, if we only provide antepartum services and do not do the delivery, we are billing the encounter rate for those visits. Please confirm that this billing practice is no longer allowed.

**Section 2.5: Radiology**

- The Banner page from February 26, 2016 indicates that the services should be split: one goes under the FQHC number for the reading (26 Mod Professional Component) and the technical component goes under the Non FQHC Number (TC Modifier). Please clarify the process to be used: either that described in the new Supplemental Manual or in the Banner from 2016.

**Section 4.1: General**

- The text include here implies that a HRSA change in scope is a required part of the process, which is not a requirement. Please clarify the text to ensure there is no confusion about this requirement.
**DME Manual Comments:**

Section 4.7 Crutches

- Our experience is that the majority of DME providers only offer metal and no longer have wooden crutches available. Would it be possible to change this requirement so that metal is the standard to avoid unnecessary administrative burden on practices?

**Dental Manual Comments:**

Section 2.2: By Report

- Our experience is that this report is not required for claims processing. Can you please clarify the instances when this is required for claims processing? We would appreciate knowing when additional documentation is necessary to ensure efficient claims processing.

Section 2.4: Area of Oral Cavity

- The previous Dental Supplement included a link to the list of codes that require Area of Oral Cavity information. Inclusion of this list within the manual is incredibly helpful. Would you please include this link in the following version?

Section 4.4: Preventive Treatment

- The CDT standards for this code are not age-based, however Medicaid reimburses this code based on age. It would be helpful to include age definitions in this Supplemental Manual for greater clarity. Similarly, it would be helpful to include this information for Section 5.3 (Permanent (Adult) Dentition). Perhaps a definition in the beginning on the manual can provide this guidance for all of the sections.

Section 7: Fee Schedule

- We want to express our appreciation for the new formatting and additional information provided in this section.

We appreciate the hard work demonstrated through these manuals and the greater clarity that they provide to billing entities. Thank you for your consideration. If you have any questions, please feel free to contact me at gmaheras@bistatepca.org or 857-234-5171.

Sincerely,

Georgia J. Maheras, Esq.
VP, Policy and Programs