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METHODS AND STANDARDS OF ESTABLISHING PAYMENT RATES - OTHER MEDICAL CARE
(Continued)

~~Payment is made at the lower of the actual charge or the Medicaid rate on file. Effective for dates of service on or after January 1, 2025, January 1, 2024, the RVUs and conversion factors (CFs) used are based upon the Medicare Physician Fee Schedule (PFS) Final Rule values set every year RBRVS values, published by the Centers for Medicare and Medicaid on its website for calendar year (CY) 2024 including any of those subject to a “lesser of” policy as published by CMS. The DVHA will recognize site of service differentials such that it will utilize the Non-Facility values for services provided in the physician office and facility RVUs to providers when place of service is an inpatient hospital, outpatient hospital, emergency room, ambulatory surgical center, inpatient psychiatric facility, nursing facility or skilled nursing center. Reimbursement aligns with Medicare’s site of service payment differentials for non-facility and facility place of service codes. Reimbursement DVHA generally also follows Medicare’s policy unless otherwise noted in the State Plan, of discounting RVUs to reflect non-physician payments. While DVHA generally has adopted the same Medicare discount amounts, DVHA may deviate from Medicare, for policy reasons, as to the magnitude of discounting among different non-physician clinicians paid via the RBRVS system. When no Medicare rate is available, rates are established by analyzing payment and utilization data, other state Medicaid rates, or rates for similar codes. If a fixed rate cannot be established reimbursement equals to 60% of billed charges.~~

~~Effective with dates of service on or after August 1, 2017, the DVHA will use one conversion factor, referred to as the standard conversion factor, for DVHA covered services payable in the RBRVS methodology. As of July 1, 2023, the standard conversion factor will be \$29.38. The DVHA will pay for these services using the standard conversion factor multiplied by the RVU value on file with DVHA as referenced in the first paragraph on this page. Each RVU will be multiplied by the appropriate geographic practice cost index (GPCI). The updated GPCIs are 1.000 for Physician Work, 0.993 for Practice Expense and 0.518 for Malpractice Insurance.~~

~~Effective with dates of service on or after October 1, 2016, the DVHA implemented a second conversion factor that is paid only to eligible enrolled Vermont Medicaid providers, for selected evaluation and management services, who attest to being a primary care provider. As of July 1, 2023, the primary care conversion factor was \$37.28. The calculations with the RVUs and GPCIs will be identical to those described above, but a higher rate will be paid as a result of using a different conversion factor specific to these targeted services and providers.~~

~~Effective with dates of service on or after October 1, 2016, two conversion factors (CFs) were implemented for covered services payable in the RBRVS methodology. The CFs are: (a) Primary care provider (PCP) paid only to eligible enrolled Vermont Medicaid providers, for selected evaluation and management services, who self-certify to being a primary care provider; and (b) Standard CF paid to enrolled Vermont Medicaid providers for all other services that do not fall under the PCP CF. As of January 1, 2025, the PCP CF is \$37.28, equivalent to 115.2% of the Medicare CY 2025 Final Rule CF. The standard CF is \$28.96, equivalent to 89.5% of the Medicare CY 2025 Final Rule CF. Payment for these services using the applicable CF multiplied by the RVU value on file as referenced in the first paragraph on this page. Each RVU will be multiplied by the appropriate geographic practice cost index (GPCI). The current GPCIs are 1.000 for Physician Work, 0.993 for Practice Expense and 0.518 for Malpractice Insurance.~~

Information on all rates, including those identified as being eligible for the primary care conversion factor, are published at <http://dvha.vermont.gov/for-providers>. Information for providers wishing to attest to being eligible for the primary care conversion factor are published at <http://vtmedicaid.com/assets/provEnroll/EPCPAttestForm.pdf>.

27. Anesthesia

Payment is made at the lower of the actual charge or the Medicaid rate on file. Effective for dates of service on or after January 1, 2012, ~~the DVHA will reimburse~~ qualified providers of anesthesia services who administer anesthesia services covered by the DVHA will be paid using the Medicare anesthesia payment formula of (time units of service + base unit) multiplied by a conversion factor. The units of service billed are based on

Medicare billing requirements. The base unit values ~~used by DVHA~~ are those put in place by Medicare effective ~~January 1, 2022~~. ~~January 1, 2012~~ ~~The DVHA Rates for anesthesia services will be reviewed annually using the latest version of Medicare's anesthesia fee schedule. will follow Medicare's changes to the base unit values by updating the base units each January.~~

1. The DVHA will not use Medicare's conversion factor for Vermont, but rather a conversion factor of \$18.15.

All rates are published at www.dvha.vermont.gov/for-providers. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private.

GCR# 25-00723-155

Effective Date: 1/1/2025~~1/2024~~

Supersedes

GCR# 23-15523-078 Last TN: 15-013

Approval Date: N/A