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

Effective for dates of service on or after ~~March 15, 2023~~January 1, 2024, the RVUs used are the Medicare RBRVS values published by the Centers for Medicare and Medicaid on its website for calendar year (CY) 2024~~2023~~ 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. DVHA generally also follows Medicare's policy 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, ~~0.997~~0.993 for Practice Expense and 0.518~~0.543~~ 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 ~~consistent with Medicare's CY2023 conversion factor~~. 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.

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 who administer anesthesia services covered by the DVHA using the Medicare 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, 2012. The DVHA 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.