



PARTNERS in CARE

August 2010

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From The Desk of the Medical Director

The Mammography Debate

The November 2009 USPSTF statement on screening mammography has caused confusion and consternation among providers and public alike, even after their December “clarifying” update. This article presents their recommendation on screening film mammography along with some of the key relevant considerations.

USPSTF Recommendations

For women not at increased risk (see below), screen every 2 years:

From age 50-74 OR

Starting at age 40 “according to patient’s context and values.”

These recommendations were made to take into account:

- 1) The lower likelihood of breast cancer <50, with a higher false-positive rate and the resulting “harm” of additional visits, imaging, biopsies, and psychological distress.
- 2) Lack of evidence that annual screening is more effective than biennial, whereas all of the potential harm would continue to occur annually.
- 3) Lack of evidence of improved outcomes from screening beyond age 75.

The basis of these recommendations includes numerous publications including the 1997 NIH consensus conference questioning the value of screening before age 50.* The data clearly document increased efficacy with advancing age, but it’s important to note the actual magnitude of the numbers. To detect each invasive breast cancer, one would need to screen twice as many women age 40-49 as those age 50-59 (50% more to prevent each cancer death); ** however, estimates of years of life saved narrows that gap. The decision “is it worth it” becomes an individual and societal issue.

Other experts have questioned the modeling methodology, and many organizations have maintained their previous recommendations for annual screening starting at age 40, including the American Cancer Society and NCCN.

One cited confounder is the phrase “not at increased risk.” The USPSTF only includes known genetic mutation or chest irradiation, whereas other guidelines consider additional factors, usually based on family history, which may indicate higher risk even in the absence of a known mutation.

The only reasonable conclusion is to have a well-informed conversation with a woman in her 40’s about the statistical realities of routine screening. A summary table which can aid in this discussion was published in January in JAMA.***

For VMC members, there are no changes in screening mammography coverage policies regarding payment or authorization at this time.

* A provocative discussion of the 1997 report can be read at:

www.ncbi.nlm.nih.gov/pmc/articles/PMC1380881/pdf/amjph00506-0025.pdf

** www.annals.org/content/151/10/727.full.pdf

*** jama.ama-assn.org/cgi/reprint/303/2/164.pdf



Provider Newsletter

PARTNERS in CARE

We encourage our readers to call or write us with your feedback about our newsletter.

Contact Martita Giard at 847-8161 or email to:
martita.giard@vtmednet.org

Partners in Care is provided as an informational and educational service for participating providers in Vermont Managed Care, Inc. To the extent the content concerns operations and programs of Vermont Managed Care, the terms of applicable contractual and other legal documents shall prevail. Program descriptions and other specific content are for use in connection with Vermont Managed Care programs and are not intended to direct or prescribe activities unrelated to Vermont Managed Care.



Apex Benefits Services New Provider Web Portal

Apex Benefits Services, the Third Party Administrator for Fletcher Allen Preferred and Preferred Plus Medical Plans, is pleased to announce the development of a new and enhanced provider web portal. The new web portal went LIVE July 15, 2010. Current users must re-register to obtain a new user account for the new web portal. The old portal will no longer be available as of November 30.

Registration forms are currently available on the SummaCare website at, www.summacare.com and will be available in the future on the Apex site. Paper copies of the registration form are also available and can be completed and faxed to Apex, attention Amy Rastetter at 330-996-8490. Registration forms are also available on the Vermont Managed Care Website at www.vermontmanagedcare.org under Providers/Forms. Please contact VMC Provider Relations for more information.

APEX Electronic Funds Transfer Announcement

Recently you may have received an Important Announcement from SummaCare (a sister company of Apex Benefits Services, Inc) regarding an upcoming Ohio mandate that requires all third party payers to make electronic payments to any contracted providers who submit claims electronically. This mandate is specific to **Ohio based providers and hospitals ONLY**. Please disregard the announcement you received.

When electronic payment becomes available, VMC will publish this on our website and in the Partners in Care Newsletter. If you are a VMC Participating Provider and would like to notify VMC now that you are interested in electronic payments, please call Carrie Germaine or Elizabeth Roach at 800-639-3881 or 802-847-8161 and they will send you information to enroll for this service when it becomes available.

Notice of State & Federal Regulatory Compliance Policy

VMC has developed a State & Federal Regulatory Compliance Policy that will become effective on September 7, 2010. The purpose of this new policy is to allow VMC a mechanism to off-set financial impact related to VMC Network Participant's non-compliance with State and/or Federal Regulatory requirements. The policy is applicable to, but not limited to IRS Notice of Levy, IRS Notice of Lien, or any other document contained in the subsection of the IRS Code.

We encourage you to review the full VMC Policy so you are aware of your obligations and those of VMC. The Policy can be found on the VMC website at www.vermont.managedcare.org/providers/providermanual then click on VMC policies. If you are not able to access this or any other VMC policy on line, please contact VMC Provider Relations at 800-639-3881 or 802-847-8369 for a paper copy.

Chronic Care Enhancement Pilot

The VMC Chronic Care Enhancement Pilot has been in place for the past 19 months and we are closing in on the two-year mark. At that time, the Board of Directors will review the results of the pilot and assess the feasibility of moving from a pilot to a program for VMC Primary Care Physicians across VMC's network. A few months ago, we sent a survey to all of the PCP's who have members in the Pilot. The responses to the questions were favorable and are provided below. We encourage those PCP's who are able to participate in this pilot, but have not taken advantage of it, to do so. If you are not sure if this applies to you and your patients, please contact VMC Provider Relations.

Survey Results

Number of Surveys Sent: 143 Response Rate: 14%
 Number of Respondents: 20 Scale: Strongly Positive 5-4-3-2-1 Strongly Negative

- | | |
|--|-----------------------|
| 1. Was the pilot a good idea? | 90% Strongly Positive |
| 2. Were the notifications of the Pilot and patient selection helpful and appropriate? | 75% Strongly Positive |
| 3. Did the process of writing the Care Plan enhance the quality of care? | 75% Positive |
| 4. Did the additional reimbursement allow you to enhance the care? | 75% Strongly Positive |
| 5. Were you satisfied with the mechanics of getting your checks? | 80% Strongly Positive |
| 6. Was there enough value for you to continue to participate? | 85% Strongly Positive |
| 7. If you elected assistance from a VMC RN Case Manager, how satisfied were you with their help? | 85% Positive |
| 8. Do you have one or more patients that this pilot really made a difference for? | 29% yes |

Pilot Statistics:

	2009 YTD Total	2010				2010 YTD Total
		Qtr. 1 (Jan-Mar)	Qtr. 2 (Apr-Jun)	Qtr. 3 (Jul-Sept)	Qtr. 4 (Oct-Dec)	
PCP's Invited to Participate (Fixed)	166	166	166			166
PCP's Participating	36	30	33			33
% of Eligible PCP's Participating	21.7%					19.9%
<hr/>						
VMC Members Enrolled by Quarter	248	39	60			99
Members Nominated by PCP by Quarter	74	2	11			13
Total Members by Quarter	322					112
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VMC Identified Members	1601	208	52			260
PCP Identified Members	74	2	11			13
Total Identified Members	1675					273
Total Members Currently in Pilot	322					362
% of Eligible Members enrolled	19.2%					18.6%

Coding News

Consult Codes - Inpatient Codes 99251-99255, Office Outpatient Codes 99241-99245. These codes remain valid and Apex Benefit Services will continue to reimburse them for the FAP program. TVHP will also continue to pay for these codes as long as CPT lists them as billable codes. VMC is working with MVP to continue to allow for coverage and reimbursement of these codes for the remainder of 2010. Please be

advised that Medicare no longer reimburses for consult codes.

Last year when VMC did their annual Provider Satisfaction Survey, we heard from several practices that they would like to see articles related to coding in the VMC provider newsletter. VMC is working to partner with a coding entity to provide coding information to our network through our Partners in Care provider newsletter. We will also

be creating a Coding Frequently Asked Questions (FAQ) document, which will be available on the VMC website.

If you have coding questions, please feel free to email VMC at askvmc@vtmednet.org. We will work with our coding partner to provide an answer to you and we will also publish it in our next newsletter as well as on the VMC website.

Events & Notices

2011 Vermont Managed Care Fee Schedules

Please be advised that Vermont Managed Care will be sending the 2011 Fee Schedules to your Contractual Notices Address. Physician Hospital Organizations (PHO's) will receive a copy; in addition, VMC will mail a separate copy to each member of the PHO to their billing address.

Should you have questions or concerns, please feel free to contact your Provider Relations Specialist, Elizabeth Roach or Carrie Germaine. They can be reached at 800-639-3881 or 847-8161.

VMC Reimbursement not linked directly to Medicare

VMC strives to achieve fair and competitive reimbursement to our network providers and facilities. Over the past number of years, we have consistently maintained, and in most years have increased, overall reimbursement levels. Many payers, most notably Medicare, have not been as consistent. VMC uses Medicare professional reimbursement as a baseline in helping to determine our overall professional reimbursement, but our reimbursement is not directly linked to Medicare. In other words, Medicare reimbursement changes do not drive changes in VMC reimbursement. Our comparisons to Medicare mostly involve looking at relative changes year to year between codes and code groupings, and not aggregate Medicare reimbursement changes. We understand that the uncertainty over Medicare reimbursement is difficult and presents significant challenges to VMC providers, but we are pleased VMC is able to act as a buffer.

Modifier 25 Use for Fletcher Allen Preferred & Preferred Plus Medical Plans

Effective July 1, 2010 Vermont Managed Care is allowing payment for the the use of Modifier 25 when a preventive visit is billed on the same day as an Evaluation and Management service. According to CPT guidelines - Modifier 25 "may be used when a significant, separately identifiable Evaluation and Management service is performed on the same day of the procedure." This is a change to the existing claim processing guidelines that have previously not allowed payment for E/M when billed with a preventive visit on the same day.

In order for a claim to be considered for payment, the provider must present clinical documentation to support both codes billed for reimbursement. The clinical note that outlines the significant, separately identifiable Evaluation and Management service that was performed on the same day of the preventive visit must be submitted for review by our care management area for consideration of payment. You may submit the required clinical information two ways; manually with the initial submission of the claim or electronically submit your claim and once the electronic claim is received at Apex, VMC will request the clinical information for review and consideration.

A payment decision will be made within 45 calendar days from the receipt of the request to VMC. We will notify your office of the decision by letter, within 24 hours of the determination.

If you have questions please contact your Provider Relations Representative, Elizabeth Roach or Carrie Germaine, at 1-800-639-3881 or 847-8161.

Network Brag Board

NMC Reaches Half Way Milestone in EMR Implementation

Northwestern Medical Center (NMC) has reached an important milestone with its Electronic Medical Record (EMR) implementation. Last week, the Meditech training environment was officially transferred in seamless fashion from a hosted location at Dell/Perot to the NMC data center following the arrival and installation of NMC's new hardware and software. This transition marks the mid-way point in the implementation process.

According to Kelly Barland, NMC's Chief Information Officer, the EMR implementation is on a nine month implementation schedule. The project earned final approval by the State of Vermont in December of 2009. In order to meet NMC's desired October 1, 2010 go-live date for the system, Dell/Perot agreed to host the environment while the equipment needed for the system was on order.

Barland says that the build of the system itself is about 75% complete. "Over the next few months, we'll complete the build, and then there will be testing, modification, and training before the October 1 go-live," said Barland. "After we go-live, we're going to have one integrated system. The value for that will be the seamless interaction between departments."

Barland says that NMC has temporarily shifted approximately 60 staff members from their everyday job assignments to work on the build of the system. "Here at NMC, staff who are directly providing care are the ones who are building the system," said Barland. "This will provide for the best end result."

Leanne Medor, RN, a Medical Surgical staff nurse, couldn't agree more. Medor is one of the staff who is temporarily working on the Meditech build. "I'm very excited about this. We're going to build the system to work for us," she said.

Sandy Robinson, NMC's Chief Nursing Officer/Director of Clinical Services, has been impressed with the level teamwork that has occurred during the build process. "It's really called for a high level of collaboration," she said. "Every department's work impacts others. Information Technology is enabling the hospital to run a more streamlined business. It's all about getting information to the right person at the right time to take the best care of our patients."

Medor agrees that the system will help clinical staff take care of patients. "This is going to keep us at the bedside with the patients more," she said. "We'll be able to document everything at the bedside. We'll be able to spend more time with the patients because of this system."

Following the successful go-live of the Meditech system on October 1st, 2010, NMC will begin Phase II of implementation, which will implement Computerized Physician Order Entry (CPOE) in 2011. CPOE will allow physicians to enter orders and document care directly into the EMR. Phase III will include the build and implementation of the Emergency Department system into the Meditech product in 2012.

NMC Cancer Program Earns National Commendation

(St. Albans, VT) The American College of Surgeons' (ACS) Commission on Cancer has announced that the Cancer Program at Northwestern Medical Center has achieved a full three-year "Accreditation with Commendation."

"Our staff and physicians are committed to excellence in the care of patients with cancer," said Jane Catton, NMC's Chief Quality Officer and Director of Process Improvement, who oversees the cancer program. "Only four of Vermont's community hospitals hold ACS accreditation for their cancer programs and to achieve that recognition with commendation is a real tribute to the care provided by our team."

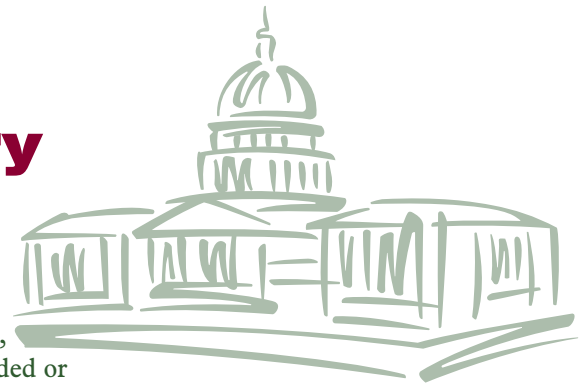
NMC's comprehensive approach to cancer care includes digital mammography and other screening and diagnostic services; a wide-range of surgical services; chemotherapy available on campus through the Vermont Center for Cancer Medicine's office; collaborative relationships with Fletcher Allen for access to radiation treatment; specialized rehabilitation services, access to a variety of support services; and case management to help patients throughout their experience. NMC is also active in education and prevention efforts in the community and administers the Jim Bashaw Cancer and Catastrophic Illness Fund.

The Commission on Cancer highlighted four areas of NMC's cancer program when granting commendation: aggressive outcome analysis, timely abstracting, excellence in CAP (College of American Pathologists) compliance, and a very active outreach program.

"NMC is able to offer the quality of care that is expected of a hospital with ACS accreditation while still maintaining a personal and friendly atmosphere that is so unique to a small community hospital, said Olivia LaPorte, NMC's Oncology Case Manager. "We are dedicated to supporting people through all aspects of their cancer experience in a respectful and caring way."

For more information on cancer services at Northwestern Medical Center, call Olivia at 524-8479.

2010 State of Vermont Legislative Acts Summary



The 2010 Legislative Year, year two of the 2009/2010 legislative cycle, produced two significant health care Acts and two regulatory update Acts. Here is a short summary of some of the new Acts and their impact on healthcare in VT. This is not a complete list of the legislative Acts enacted by the VT Legislature during 2009/2010. Please confer with your attorney for legal advice on how the activities of the Vermont Legislature impact your practice or facility. Unless noted otherwise, the provisions of these Acts are effective on July 1, 2010:

Act No. 0103 An Act Relating to the Regulation of Professions and Occupations (H. 562); Effective on passage (signed May 11, 2010)

- Osteopathic Physicians: Qualifications for licensure: must pass Comprehensive Osteopathic Medical Licensing Examination – USA (COMLEX) or the United States Medical Licensing Examination (USMLE) or their successor or equivalent examinations approved by the Practice Board.
- Radiologist Assistants: 2 year certification.
- Psychologists/Psychological Trainee (not Student): must register with Practice Board.

Act No. 0127 An Act Relating to a Study of Coverage of Appropriate Services for Children with Autism Spectrum Disorders (S. 262); Effective July 1, 2011, implemented on policy renewal, no later than July 1, 2012. This Act requires health insurance plans to provide coverage for autism diagnosis and treatment:

- For the diagnosis and treatment of autism spectrum disorders, including applied behavior analysis, for children ages 18 months through age six or the start of first grade, whichever comes first
- Not limit in any way the number of visits with an autism services provider
- Not impose greater cost-sharing requirements (out-of-pocket expenses) than apply to the diagnosis and

treatment of any other physical or mental health condition

- “Medically Necessary” means any care, treatment, intervention, service or item proscribed, provided or ordered by a physician or psychologist if such treatment is consistent with the recommendations of the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, or another professional group of similar standing
- “Therapeutic Care” means services provided by PT, OT, ST or social workers
- Treatment includes: habilitative or rehabilitative care; pharmacy care; psychiatric care; psychological care; therapeutic care
- The Act further requires the Agencies of Administration and Human Services and the Department of Education to evaluate the impact of requiring health insurance plans to cover certain treatment services for children ages 6 to 18.

Act No. 0128 An Act Relating to Health Care Financing and Universal Access to Health Care in Vermont (S. 88); Effective May 17, 2010, unless otherwise noted; this bill proposes to establish the goal of universal access to essential health care services in Vermont through a publicly financed, integrated, regional health care delivery system; provide mechanisms for cost containment in the system; and provide a framework, schedule, and process to achieve the goal.

- A health care system design options and implementation plan with associated goals and principles. Creates a health care reform commission (HCRC).
- A consultant is to be hired by the HCRC to produce three or more design options using coordinated regional health systems, including one single-payer option that is government administered and publicly financed and decoupled from employment, and one public health benefit

option administered by state government, with a draft report, including recommendations, by January 1, 2011, for public input and will finalize the report by February 1, 2011. The report will include a comparison between the options and the current state of health care in Vermont, plus the new federal reform options. Patient centered health care via community based systems; adequate primary care compensation; proactive healthcare services.

- A payment reform pilot project to address the total costs of the delivery system and improve health outcomes; Effective 7/1/2010. The (new) Department of Vermont Health Access (DVHA) will hire a director to create payment reform pilot projects. Health insurers will participate in the development and implementation of the payment reform strategic plan. The director will provide a strategic plan to the standing committees by February 1, 2011.
- Responsibility for the Blueprint for Health is moved from the Department of Health to the new DVHA. Expansions to the Blueprint for Health to make it a statewide program, subject to the full participation of Medicaid, Medicare and the state’s three commercial insurance companies, including their self-insured plans, as a condition of doing business in Vermont; Effective 7/1/2010. The act revises the description of the Blueprint for Health program, including providing guidance on what a medical home is and how it interacts with a community care team. The Blueprint will now include initiatives for patient-centered medical homes, community health teams, adoption and maintenance of clinical quality and performance

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measures for treating chronic conditions, and expansion of the use of electronic medical records. The act requires participation by hospitals and insurers and provides for enforcement mechanisms and appeal processes.

- Immediate cost-containment provisions relating to hospital budget targets and health insurance rates. BISHCA will limit total system wide net patient revenue for all hospitals to an amount below this year's increase and will limit net patient revenue to an increase of 4.5% for 2011 and 4.0% for 2012.
- A new health insurance provision requiring coverage for anesthesia (not the dental procedures) for certain dental procedures for children under 7 years of age as determined by a dentist, for children 12 years of age

and younger with determined phobias or documented mental illness; adults with developmental disability or exceptional medical circumstances; Effective 10/1/2010, implemented on policy renewal, no later than 10/1/2011.

- Catamount Health carriers will pay health care professionals the lowest of the contracted rate, billed charges, or the rate derived from the Medicare fee schedule (Medicare 2006 + 10%) and hospitals using a cost-to-charge ratio adjusted for each hospital equivalent to 100% of the hospital's actual cost for services.

Note: The Governor did not sign this bill and allowed this bill to become law without his signature.

Health Assessments: FAHC Empowers Employees and their Families to be Proactive and Stay Healthy

If you are a Primary Care Provider, your patient may be calling you to discuss their results from an employer sponsored health screening.

Fletcher Allen Health Care, through the Wellness office, currently offers free biometric screenings in the workplace (total cholesterol, blood pressure, glucose, BMI) to Fletcher Allen employees. The employee meets with a registered nurse and receives the biometric screening. The nurse conducts the screening and reviews the screening results with the employee, all in one visit. The employee is encouraged to work with their primary care physician to identify ways to enhance their current health, or if needed, lower their blood pressure, eliminate smoking, decrease weight or reduce their risk for developing diabetes.

An on-line Health Assessment is also offered and is open to Fletcher Allen employees and family members to help identify cardiovascular disease risk factors, identify key preventive screenings and identify ways to modify risk

factors before problems develop. The Health Assessment can be the gateway to establishing healthier behaviors and, in particular, obtaining preventive screenings and services.

An individual's health is crucial to daily performance – both personal and professional. A large part of remaining healthy is identifying health risks early and making simple, but important, lifestyle changes. The key for a lifetime of health is keeping your eye on prevention.

For further information about how Wellness can help support a FAHC employee and their family with a healthy lifestyle, or for further information about the on-line Health Assessment, please contact FAHC Wellness at wellness@vtmednet.org.

Spotlight On The Web

New Website Enhancements:

Please visit the VMC website to view contact information for our Client Account Representatives. Our Client Account Representatives are available to assist you, by phone at 1-800-639-3881 or 847-8369 or via email at VMC-cs@vtmednet.org. You can access their information on the VMC website at: [www.vermontmanagedcare.org/Providers/Customer Service](http://www.vermontmanagedcare.org/Providers/Customer%20Service) and then click on "Customer Service Staff."

Future Website Enhancements:

- Newly credentialed providers will be available on the VMC web portal starting in August. To view the listings please go to: www.vermontmanagedcare.org/providers/credentialing/newproviders and click on "Newly Credentialed Providers."

Recent Updates include:

VMC:

- Provider/Practice Information Change Form now includes, New Contractual Notices Address requirement.
- VMC Organizational Chart
- VMC Staff Phone list

FAP:

- FAP Pre-Approval Form has been modified to include the following changes: Rendering Facility to Rendering/Ordering Facility and there have been changes to the Diagnostic Testing language.

The VMC Web Site can be found at www.vermontmanagedcare.org. If you have questions please call your VMC External Provider Relations Representative, Carrie Germaine or Elizabeth Roach at 802-847-8161 or toll free at 800-639-3881.

Newly Credentialed VMC Providers

Please be advised that this will be the last time VMC will list newly credentialed providers in the Partners in Care Newsletter. Starting in August you will be able to go the VMC website and view the newly credentialed providers each month at: www.vermont.managedcare.org/providers/credentialing.html then click on Newly Credentialed Providers.

Should you have any questions or concerns please feel free to contact Elizabeth Roach at 847-8161.

Newly appointed providers processed through the VMC Credential Committee for May 2010 through July 2010.

Name	Degree	Group
Alison D. Aiken	PT	Evolution Physical Therapy
Martha J. Allen	PA	Porter Hospital Emergency Department
Karen L. Brown	LADC	FAHC Dayone
Matthew D. Bryant	APRN	DHMC Anesthesiology & Mary Hitchcock Memorial Hospital
Suzanne P. Burgos	PA	Gifford Medical Center
Anthony C. Castelbuono	MD	Mary Hitchcock Memorial Hospital & DHMC Ophthalmology
John J. Fothergill	MD	Upper Connecticut Valley Hospital
Neil R. Gleason	MD	Mary Hitchcock Memorial Hospital & DHMC Anesthesiology
Joshua L. Gleiner	PA	Gifford Medical Center
Evelyn L. Hanscom	APRN	Mary Hitchcock Memorial Hospital & DHMC Internal Medicine
James C. Hardin	PT	Freedom Physical Therapy, PC
Lewis B. Holmes	MD	FAHC Milton Family Practice
Mary K. Joyce	MD	MT Ascutney Physician Practices
Samuel M. Kippenberger	PA	DHMC Anesthesiology & Mary Hitchcock Memorial Hospital
Pauline K. Mills	MD	Porter Hospital DBA Middlebury
William E. Minsinger	MD	Mary Hitchcock Memorial Hospital & DHMC Orthopaedic Surgery
Shapour S. Mirmanesh	MD	Upper Connecticut Valley Hospital
Jeremy B. Orr	PA	Community Health Center of Burlington, Inc.
Tiffany D. Pincombe	OD	Wal-Mart Vision Center
Joshua Plavin	MD	Gifford Medical Center
Lily A. Sender	PA	FAHC Pulmonary & Intensive Care
Jeanne B. Wainscott	PA	DHMC Orthopaedic Surgery & Mary Hitchcock Memorial Hospital
Jean Waldron	PT	Jean Waldron, PT
Gregory M. Coleman	OT	Workability, PLC
Linda A. Collins	MD	Mylan Technologies Family Health Center
Richard T. Cook	MD	Mary Hitchcock Memorial Hospital & DHMC Pediatric Emergency Medicine
Jennifer A. Glatz	MD	Mary Hitchcock Memorial Hospital & DHMC Pediatric Cardiology
Anne A. Grajo	APRN	Porter Hospital Anesthesia Department
Leah K. Hartenstein	PA	Mansfield Orthopaedics at Copley
Mark T. Herrin	MD	Mary Hitchcock Memorial Hospital & DHMC Anesthesiology
Karen L. Huyck	MD	Mary Hitchcock Memorial Hospital & DHMC Occupational Medicine
James G. Johnston	MD	DHMC Community Health Center & Mary Hitchcock Memorial Hospital
Danra M. Kazenski	SLP	Eleanor M. Luse Center
Sherry Larose	PA	Community Health Center of Burlington, Inc.
Younsook Lim	MD	Mary Hitchcock Memorial Hospital & DHMC Pediatrics
Donald M. Mathews	MD	FAHC Anesthesiology
Paul S. Phipps	APRN	DHMC Anesthesiology & Mary Hitchcock Memorial Hospital
Linda A. Specht	MD	Mary Hitchcock Memorial Hospital & DHMC Pediatric Neurology
Gerald F. Westover	MD	Upper Connecticut Valley Hospital
Kathleen A. Williams	APRN	DHMC Endocrinology & Mary Hitchcock Memorial Hospital
Heather Berg	PT	Spinal Care & Decompression Center
W L. Dennison	MD	Four Seasons Dermatology, LLC

Priscilla Douglas	MS, CCC-A	Eleanor M. Luse Center & FAHC The Audiology Center
Rebecca L. Goodman	MD	Vermont Children's Hospital at FAHC
Mark D. Jewett	MD	Gifford Primary Care & Rochester Health Center
Michael Korczykowski	PA	Porter Hospital Emergency Department
Agnes Liem	APRN	Plattsburgh Pediatrics & Primary Care Pediatrics
Olga A. Lopatina	MD	Green Mountain Radiology, LLC
Laura Manfield	DO	MT Ascutney Physician Practices
Rubab (Ruby) Merali	APRN	FAHC Neurology
Emily A. Nicolai	RD	DHMC Food & Nutrition Services & Mary Hitchcock Memorial Hospital
Christopher G. Pace	DMD	Champlain Valley Oral & Maxillofacial Surgery PC
Roshani R. Patel	MD	DHMC General Surgery & Mary Hitchcock Memorial Hospital
Andrew L. Rogers	MD	Franklin County Surgical Associates
Robin A. Schwartz	MD	Berlin Health Center & Gifford Specialty Clinic
Maury D. Smith	MD	Gifford Surgical Associates/Neurology
Nathan L. Stocke	OD	Apple Valley Vision Center
Gailyn B. Thomas	MD	Gifford Obstetrics/Gynecology
Katherine J. Wagner	MD	Porter Hospital DBA Addison Associates in OB/GYN
Lauren S. Wilson	MD	Vermont Children's Hospital at FAHC
MaryRose Zeviar	PA	Northwestern Medical Center
Alison L. Zimmer	PT	Bristol Physical Therapy
Susan A. Barry	APRN	Vermont Children's Hospital at FAHC
Max Bayard	MD	Northwestern Primary Care
Marie T. Berg	MD	Vermont Children's Hospital at FAHC
Bess E. Brackett	MD	Gifford Surgical Associates/Neurology
Allison L. Ciolino	MD	FAHC Pathology & Laboratory Medicine
Gregory J. Connolly	MD	Hagan & Rinehart Pediatricians, PLLC
Sharon Cote	SLP	Eleanor M. Luse Center
Marcus H. Coxon	MD	Gifford Primary Care
James B. Currie	MD	Gifford Primary Care
Sarah Davis	MD	FAHC Maternal Fetal Medicine
Maria Delliveneri	AT	Back to Action Physical Therapy
Louis A. Dinicola	MD	Gifford Primary Care
William Gaidys	MD	Berlin Health Center & Gifford Primary Care
Michael S. Graham	MD	Porter Hospital INC. DBA Addison Family Medicine
Amanda Hurliman	MD	FAHC Women's Health Care Center
Mohit Jindal	MD	Fletcher Allen Health Care
Corinne M. Kelliher	APRN	DHMC Infectious Disease & Mary Hitchcock Memorial Hospital & DHMC OBGYN
Amie E. Kennedy	APRN	Berlin Health Center
Jon-Richard Knoff	MD	Gifford Anesthesia
Emily E. Knup	RD	DHMC Food & Nutrition Services & Mary Hitchcock Memorial Hospital
Jena K. Medina	APRN	Evergreen Family Health
Megan L. O'Brien	APRN	Gifford Primary Care
Christopher Pace	DMD	Champlain Valley Oral Care
Jennifer B. Peters	MD	Apogee Medical Group, VT
Alissa Robertson	RD	Lifestyle Nutrition
Mark G. Seymour	DO	Bethel Family Health Center
Paul R. Smith	DPM	Gifford Surgical Associates/Neurology & Sharon Health Center
Susanne U. Trost	MD	Kingwood Health Center
Danielle Waite	PT	Essex Physical Therapy
Tanya K. Waters	APRN	Berlin Health Center & Gifford Obstetrics/Gynecology
Lauren E. Young	APRN	Rainbow Pediatrics



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Phone #	Phone # FAP	Fax #
Main		
802-847-8161		802-847-6214
Customer Service (CS) / Case Managers (CM)		
802-847-8369 (CS)	802-847-4862 (CS)	802-847-6213 (CS)
800-639-3881 (CS & CM)	866-582-6836 (CM)	802-847-6212 (CM)
Provider Enrollment (PE) / Provider Relations (PR) / Credentialing		
802-847-8161 or		802-847-3427 (PE)
800-639-3881		802-847-6214 (PR)
		802-847-6254 (CRED)

A complete phone list of all staff is available in the VMC Provider Manual available online at www.vermontmanagedcare.org.