

Vermont  
Association  
of  
Addiction  
Treatment  
Providers

January 12, 2016

To Whom It May Concern:-

The VAATP strongly opposes the group psychotherapy rate cut that took effect January 1 of this year, and we strongly urge a reversal of this cut as soon as possible. Group therapy remains one of the most effective, cost efficient, access-promoting modalities available today; it is also among the most difficult to perform, and the most labor intensive to document.

Representatives from DVHA have said that this change was necessary to bring Vermont into compliance with Federal rules. This is not complete and accurate information. There is confusion about this because DVHA combined two unrelated rate cuts to the "90853" group therapy code into a single proposal. One change was needed change to bring DVHA into compliance with the *methodology* for how this service is billed - moving from time-based billing to service-based billing. This change represented an \$117,000 cut to providers who were doing longer groups and it went into effect on July 1, 2015. It is the second change, which took effect on January 1 of 2016, to which VAATP so strongly objects. This change has nothing to do with compliance with federal rules or procedures – it is simply a rate cut. By changing what's known as the "multiplier" to "1" instead of "2" DVHA has made a draconian 50 percent cut, on top of the cut that was already made in July for many providers.

We have significant concerns as to how an elective 50 percent rate cut would pass the test of parity, or would meet the test of common sense in a time of mental health and addiction crisis in the state. DVHA acknowledges that this cut is discretionary in its own proposal. According to AHS Policy Subject "CPT 90853 – Group Psychotherapy" which described these changes, "The Medicaid conversion factor is derived based on the amount of *legislatively allocated, aggregate dollars available to reimburse for professional services.*" This is a very large cut to providers who are already struggling with inadequate reimbursement dollars. It is almost certain that providers would have to scale back access to services as a result of this change. This amount of cuts should not be balanced on the backs of a single procedure code.

We strongly request that this change be reversed before some of Vermont's most vulnerable clients are harmed by lack of access as clinicians stop doing group work because of inadequate reimbursement.

Yours sincerely,



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