March 29, 2018

RE: Support for S. 282

Dear House Health Care Committee:

As a primary care pediatrician who has practiced in an economically disadvantaged area of Vermont for 35 years, I am writing in support of this bill. Primary care in Vermont is in crisis. As the provider population ages and approaches retirement, we are having difficulty recruiting and retaining a new generation of providers interested in primary care. There are many reasons for this: the high cost of medical education and resulting debt load carried by many at completion of training, the lowest average incomes of all medical specialties, and a lifestyle that demands long work hours. Add to these factors an increasing regulatory and administrative burden, including dealing with insurance companies, and even those committed to primary care delivery will struggle.

This legislation will provide some support and relief. Let me provide some examples: Our practice has been a forerunner in innovations to improve access to care and to model alternative approaches to health care delivery. We initiated a school-based clinic 25 years ago, which has grown into its own non-profit entity providing medical, dental, and mental health services to students in 11 schools in central Vermont. The practice and the school-based clinics continue to work closely together; practice providers also work part time in the schools. Three years ago, when it became increasingly difficult to find mental health providers to contract with the school clinics as independent practitioners, I made the decision to hire a therapist to work in the practice who could also spend some of her time in the schools. It took about eight months for her to get credentialed with Medicaid in Vermont, despite the fact that she had been practicing in New Hampshire for over 20 years. Since we had never had a mental health provider on staff, and since our patient population is roughly 60% covered by Medicaid and Dr. Dynasaur, we looked to Medicaid for guidance about coding for services. There were many conversations with our provider representative, and we set up our billing codes following her advice.

Two and a half years later, our provider received notice that she had been billing improperly, having omitted a modifier specific to her level of education. We are now subject to a recoupment of over 50,000 dollars, which has placed us in a very precarious position financially. When I asked for some mitigation of this financial burden, I was told that we were responsible for reading and understanding the entire Medicaid handbook in regards to coding (over 200 pages of constantly changing information), and that DVHA was not responsible for poor advice given by the provider representative since she was not a DVHA employee.

This legislation will address both the delays in credentialing and accountability for guidance given to providers who subsequently make coding errors in good faith, and both these changes will help ease the administrative burden for primary care providers who serve large populations of Medicaid recipients.

Sincerely,

Rebecca Foulk, MD, FAAP
South Royalton Health Center
South Royalton, Vermont