

To: Senate Health and Welfare Committee

Fr: Georgia J. Maheras, VT Director of Public Policy, Bi-State Primary Care Assn

Date: January 31, 2018

Re: S. 282 - An act relating to health care providers participating in Vermont's Medicaid program

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Thank you for the opportunity to provide comment on S. 282- An act relating to health care providers participating in Vermont's Medicaid program.

Established in 1986, Bi-State Primary Care Association (Bi-State) is a nonpartisan, nonprofit 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire. Bi-State's combined Vermont and New Hampshire membership includes 29 Community Health Centers (CHCs) delivering primary care at 128 sites and serving nearly 302,000 patients. These comments are on behalf of our Vermont Members who serve over 172,000 Vermonters in every county of the State.

Bi-State's 2018 Public Policy Priorities include:

- Investment in comprehensive workforce development strategies including: increased federal and state loan repayment for health care professionals, and funding for national marketing and outreach; and
- Reduction in the amount of administrative burden to Vermont's health care providers.

At this time, our members are experiencing delays in credentialing across multiple payers. Credentialing is the last step an organization must take to allow a provider to bill a certain payer. Prior to the credentialing step, an organization has ensured that the health care provider has been licensed in Vermont. Both licensure and credentialing done are after an exhaustive search for the new health care provider. Each step in this process takes significant time, effort, and attention- and place administrative burden on an already taxed primary care delivery system. And with each delay, there is a risk that the individual recruited will take another job offer because the hurdles are lower.

Our members would appreciate any effort to reduce the administrative burden surrounding credentialing and any assurances of reduction in the time it takes to get their providers credentialed. We are optimistic about DVHA's proposed solution to this challenge, but want to be clear that the burden is real and distracts from the true focus of our members: caring from Vermonters.

Thank you for your time and please let me know if you have any questions.