



Vermont Chapter

INCORPORATED IN VERMONT

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



To: House Committee on Health Care

From: Jessa Barnard, Vermont Medical Society, jbarnard@vtmd.org
Susan Ridzon, Health First, sr@vermonthealthfirst.org
Stephanie Winters, VTAFP & AAPVT, swinters@vtmd.org

Date: February 17, 2021

RE: Need for Primary Care Medicaid Support

The Vermont Medical Society, HealthFirst, Vermont Academy of Family Physicians and American Academy of Pediatrics Vermont Chapter submit this request to use one time funds to restore recent cuts to the Medicaid RBRVS Fee Schedule and bring primary care rates to 105% of Medicare. Our organizations collectively represent hundreds of independent clinicians who see Medicaid patients daily and rely on the RBRVS fee schedule. In the last week, we have been notified of four independent primary care practices that are closing in Chittenden County. We cannot lose more access to primary care in Vermont.

Our organizations appreciate the work of DVHA to professionalize and standardize DVHA's fee schedules and to align the RBRVS fee schedule with Medicare. We also appreciate the commitment of DVHA to achieve primary care rates of 100% of Medicare rates and to support and implement the Provider Relief Fund to meet the unprecedented need created by the COVID-19 pandemic. That said, the most recent 2021 fee schedule included \$246,170 in reductions in the fee schedule, and a .6% or \$128,076 decrease to primary care E&M codes. In addition, the fee schedule has included a decrease in vaccine administration fees from 2017 through 2019, which is beginning to impact these practices' ability to support Vermont's commitment to vaccinating the children of our State.

While these decreases appear to be a small number, this comes at a time when primary care practices cannot absorb additional cuts. Primary care and particularly independent primary care, is stressed in a number of ways – financially, administratively, and subject to severe workforce shortages. While this is not new to the COVID-19 pandemic, the pandemic has exacerbated the extreme challenges facing independent primary care practices. Recent survey data from the American Medical Association shows that almost 70% of physicians were still providing fewer total visits (in-person plus telehealth) at the time of the survey than pre-pandemic. Further, 64% of practice owners said that spending on PPE was up from pre-pandemic; the average increase in PPE spending was 57%.¹

¹ <https://www.ama-assn.org/system/files/2020-10/covid-19-physician-practice-financial-impact-survey-results.pdf>

The Provider Relief Fund has been instrumental in addressing practice losses through the end of 2020. However, that program ended on December 31st. Paycheck Protection Program funds - also relied on by many independent practices - has reopened but typically requires extensive staff time and administrative resources to apply for. This will leave practices with limited ability to cover additional costs, which are likely to extend through 2021. As mentioned above, four independent primary care practices in Vermont have just announced their closure due to these threats. Further, these decreases in fee schedule come on the heels of a gradual erosion in a number of other payments for primary care - such as cuts to the Primary Care Case Management Program in 2018, and the recent reduction of up front primary care payments from OneCare Vermont. It is also at a time when DVHA has a healthy budget due to increased FMAP from the federal government.

The above organizations respectfully request, at a minimum, a one year:

- Restoration of the \$246,170 reductions in the 2021 RBRVS fee schedule
- Restoration of cuts to the vaccine administration codes
 - o CPT Code 90460 (Immunization administration through age 18, with counseling by a physician or other qualified health professional)
 - o 90461 (each additional vaccine component administered)
 - o 90471-90474 (immunization administration of any vaccine that is not accompanied by face-to-face physician or other qualified health care professional counseling, or for patients over 18 years of age)
- Primary Care E&M codes being reimbursed at 105% of Medicare rates vs 100% (all PCCF E&M codes estimated to be \$20,214,988 in CY2020 so a 5% increase would be approximately \$1,010,749).

We would also request that CRF dollars be used to reopen another round of the Health Care Provider Stabilization Grant Program as the last round only covered lost revenue and expenses for the period March 1- September 15, 2020.

Thank you for your consideration and please reach out to any of us for additional information.