



## Primary Care Bridge Funding is Critical to Maintain Access to the Lowest Cost Care in Vermont

While the Rural Health Transformation (RHT) funds include support for Blueprint for Health programs, RHT funds are disallowed for base rates and loan repayment – critical elements of support for Vermont’s primary care practices and workforce.

### CUTS In the Gov's Recommend

Cuts Primary Care Workforce Programs

**-\$1.27m GF:**

- **-\$667k PCP Loan Repayment;**
- **-\$500k Early Pipeline Program;**
- **-\$50k MD Placement**

**Eliminates** Area Health Education Centers programs

Cuts DVHA Alternative Payments to Primary Care

**-\$2.01m GF/\$5m gross**

**Eliminates** \$4.75 PMPM payment to primary care practices

### Not in Gov's Recommend – FY27 Primary Care Base & Cliff Funding Needs

DVHA Professional Fee Schedule – .04% decrease to RBRVS fee schedule

**Total ask: \$3.31m gross =**

- **\$788k primary care;**
- **\$529k specialty care;**
- **\$1.99m psych**

**Need 2.67%** inflationary adjustment (Medicare Economic Index)

OneCare VT Population Health PMPM & Comprehensive Payment Reform (CPR) Payments

**Total Ask: \$7.7m gross for Jan '27-June '27**

- **Pop Health-\$5.95m GF**
- **CPR - \$1.75m GF**

Primary care alternative payments funding gap – UVMH Settlement funds through Jan '27; AHEAD Funds begin 2028;

### Not in Gov's Recommend – FY27 Primary Care Workforce Support

Medical Student Incentive Scholarship Program Remove the July 1, 2027 Sunset

**Total Ask:**  
**\$0**

Provides scholarships for up to 10 third- and fourth-year UVM medical students who commit to practicing primary care outside of Chittenden County. To date 22 scholarships have been awarded.

DULCE – the Developmental Understanding and Legal Collaboration for Everyone program,

**Total Ask:**  
**\$1m**

Embedded family support specialists in specific pediatric practices.



## How a 2.67% MEI Adjustment Would Impact the RBRVS Fee Schedule

Total All Claims							
	Coefficient Used	2025 Coefficient	Number of Details (Services)	Payments Using 2025 RBRVS Logic	Payments Using 2026 RBRVS Logic	Variance; 2025 vs 2026 Payments	Variance as a %
All	Both		1,780,335	\$124,621,939	\$127,939,213	\$3,317,274	2.66%
EPCP			182,989	\$16,625,920	\$17,414,366	\$788,446	4.74%
non-EPCP			1,191,328	\$74,489,489	\$75,019,153	\$529,664	0.71%
Psych/BH			406,018	\$33,506,530	\$35,505,694	\$1,999,164	5.97%
A E&M Codes EPC EPCP	EPCP	\$37.28	182,989	\$16,625,920	\$17,414,366	\$788,446	
B E&M Codes NON EPC	non-EPCP	\$28.96	495,493	\$42,102,569	\$43,128,052	\$1,025,483	
E OB	non-EPCP	\$28.96	2,409	\$3,095,398	\$2,868,786	-\$226,612	
F Psych Codes	non-EPCP	\$28.96	406,018	\$33,506,530	\$35,505,694	\$1,999,164	
G Chiropractic Codes	non-EPCP	\$28.96	26,071	\$915,573	\$905,489	-\$10,084	
H Integumentary	non-EPCP	\$28.96	15,521	\$1,515,355	\$1,484,909	-\$30,446	
I Musculoskeletal	non-EPCP	\$28.96	12,687	\$2,606,674	\$2,490,869	-\$115,805	
J Respiratory	non-EPCP	\$28.96	2,617	\$374,631	\$360,094	-\$14,537	
K Cardiovascular	non-EPCP	\$28.96	2,560	\$519,110	\$486,673	-\$32,437	
L Digestive	non-EPCP	\$28.96	8,746	\$1,769,692	\$1,661,281	-\$108,411	
M Urinary	non-EPCP	\$28.96	2,145	\$270,810	\$255,026	-\$15,784	
N Genital Systems	non-EPCP	\$28.96	5,195	\$868,627	\$814,805	-\$53,822	
O Delivery Services	non-EPCP	\$28.96	3,392	\$111,153	\$112,007	\$854	
P Endocrine and Nervous	non-EPCP	\$28.96	5,461	\$854,981	\$830,284	-\$24,697	
Q Eye and Ocular	non-EPCP	\$28.96	3,861	\$528,903	\$490,441	-\$38,462	
R Radiology	non-EPCP	\$28.96	162,202	\$5,064,572	\$5,064,202	-\$370	
S Pathology	non-EPCP	\$28.96	27,680	\$844,883	\$837,423	-\$7,460	
T Medicine	non-EPCP	\$28.96	410,352	\$12,887,834	\$13,044,018	\$156,184	
V All Other	non-EPCP	\$28.96	4,936	\$158,724	\$184,794	\$26,070	