

VERMONT MEDICAL SOCIETY

TO: AHS Medicaid Policy Unit - AHS.MedicaidPolicy@vermont.gov

FROM: Jessa Barnard, Executive Director, Vermont Medical Society

DATE: June 26, 2019

Re: Comments on GCR Proposed Policy 19-034 – RBRVS Fee Schedule Update

Thank you for accepting comments from the Vermont Medical Society regarding GCR Proposed Policy 19-034 – RBRVS Fee Schedule Update. The Vermont Medical Society is submitting these comments on behalf of our 2000 physician and physician assistant members.

VMS generally supports the changes DVHA has proposed for Resource Based Relative Value Scale payments. Specifically, VMS appreciates the work by DVHA to keep the primary care conversion factor in the RBRVS fee schedule aligned with Medicare, continuing the reimbursement of primary care services at 100% of Medicare rates. This provides critical support to Vermont's primary care practices and VMS applauds the administration's commitment to funding primary care services.

VMS similarly appreciates the work of DVHA to increase the payment rates for non-primary care codes. The resulting increase of 3.4% for all codes and moving specialty service rates from approximately 80% of Medicare rates to 83% is important to the sustainability of Vermont's physician practices.

VMS does have one area of concern regarding the 2019 fee schedule. We have heard from several independent pediatric practices that the decrease in vaccine administration fees from 2017 through 2019 is beginning to impact these practices' ability to support Vermont's commitment to vaccinating the children of our State. Of particular concern are CPT Code 90460 (Immunization administration through age 18, with counseling by a physician or other qualified health professional) and 90461 (each additional vaccine component administered), as well as codes 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). VMS appreciates that the decrease in rates paid for these services is driven by a decrease in Medicare RVU and DVHA has worked to increase the Vermont Medicaid Coefficient. However, these factors have still led to an approximately 18% decrease in reimbursement for 90460 and 35% decrease for 90471 since 2017. This threatens not only the financial health of these practices but their ability to provide vaccines to Vermont children covered by Medicaid. VMS asks that DVHA return to the 2017 funding level for these codes. VMS also requests that DVHA meet with pediatric practices through the American Academy of Pediatrics, Vermont Chapter to discuss longer term strategies to ensure Vermont's children have access to needed vaccines through their medical homes.

Again, VMS appreciates the time and effort that goes into developing the Medicaid Fee Schedule. Thank you for considering our comments and working with the physicians of Vermont on this important task. You can reach me at jbarnard@vtmd.org or 802-223-7898 to discuss further.