



May 5, 2020

Phil Wilson
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Re: Request for Temporary Prospective Payments to Pediatricians in Medicaid and Drawing Down of Federal Funds for Ongoing Medicaid-to-Medicare Parity Physician Rates in Response to COVID-19

Dear Commissioner Wilson:

On behalf of the more than 4,200 pediatrician members of the Texas Pediatric Society, the Texas Chapter of the American Academy of Pediatrics, and the Texas Medical Association, we want to thank you for your ongoing attention during the COVID-19 crisis to our state's most vulnerable populations served by the Health and Human Services Commission (HHSC). The commission has taken crucial steps to relax unnecessary administrative burdens, provide flexibility in telemedicine services, and help families keep their children enrolled in Medicaid and CHIP. We write today to ask that you continue in this effort to ensure the viability of Medicaid's physician network so that access to vital health care for low-income Texas children stays intact.

As you know, Medicaid programs across the country and the physicians who make up the program's front-line health care workforce are struggling right now.¹ Texas organized medicine – including Texas pediatricians – sounded the alarm in an April 13, 2020, letter to Gov. Gregg Abbott,² and we write now to amplify the dire situation facing our pediatric physician members. Many small pediatric practices in

¹ Levey, N. (April 30, 2020). *Trump administration skimps on coronavirus aid for Medicaid providers*. Los Angeles Times. Retrieved from: <https://www.latimes.com/politics/story/2020-04-30/trump-scants-healthcare-safety-net-coronavirus-aid>.

² Texas Medical Association, et al. (April 13, 2020). *Letter Regarding Physician Practice Viability*. Retrieved from: <https://txpeds.org/sites/txpeds.org/files/documents/newsletters/final-abbott-practice-viability-letter-4-13-2020.pdf>.

Texas are laying off staff or closing all together due to extreme decreases in patient volume and cash flow. Bigger practices are furloughing large percentages of their pediatricians and medical staff and cutting the pay of those who remain working. This is even more troubling because Texas pre-COVID was meeting only 68.9% of the demand for pediatricians – 20% less than the demand met for all physician types.³ Practices that care for predominantly low-income children – those who are the backbone of Texas Medicaid – have been hit hardest and are taking the most extreme measures.

The impact on child health is apparent. A recent article⁴ noted that in one pediatric electronic health record sampling, the administration of the measles, mumps, and rubella vaccine dropped by 50 percent; diphtheria and whooping cough shots dropped by 42 percent; and human papillomavirus (HPV) vaccines dropped by 73 percent. Our Texas pediatrician membership is reporting similar difficulty vaccinating their patient population. When a family's primary care pediatrician practice closes their doors or vastly limits their ability to provide care, children go without *essential* vaccinations. It would be a catastrophic failure of our health care system if an outbreak of measles or whooping cough accompanied the global COVID-19 pandemic.

Furthermore, pediatric primary care offices make up the state's developmental delay and mental health surveillance system. If Medicaid practices cannot remain open, countless children will go without vital developmental screenings, which detect early delays in cognition and developmental disabilities. Texas Early Childhood Intervention – our state program that provides services to children 0-3 with developmental delays and disabilities – has seen massive physician referral declines to state contracted community programs. Due to COVID-19 and the impact on primary care pediatrics, Texas could see a wave of children who had not been identified with developmental delays then show up unprepared to attend school when they come of age. We also know that most mental health screenings and treatment for children is provided through the pediatric medical home. The Texas Legislature recognized this and appropriated significant funding during the 86th Session to create the Child Psychiatry Access Program⁵ to provide technical assistance and support for primary care medical homes. Unless pediatric practices remain open and viable, pediatricians will not be able to care for children with burgeoning mental health care concerns that can develop into larger issues into adulthood.

Finally, it is vital that the primary care safety net in Texas stay intact in order to keep non-emergent patients out of our hospitals currently treating COVID-19 patients. The primary care infrastructure screens and treats many patients for upper respiratory and lower respiratory infections and pneumonia to rule out COVID-19. The average primary care pediatrician also can easily tackle other injuries and acute symptomology that otherwise may result in the patient decompensating to the point of requiring hospitalization.

As we share the goal of ensuring Texas children in Medicaid continue to receive access to medically necessary services, **we encourage the Commission to swiftly approve 1) providing temporary**

³ Texas Department of State Health Services. Physician Supply and Demand Projections 2018-2032.

⁴ Hoffman, J. (April 23, 2020). *Vaccine Rates Drop Dangerously as Parents Avoid Doctor's Visits*. New York Times. Retrieved from: <https://www.nytimes.com/2020/04/23/health/coronavirus-measles-vaccines.html>.

⁵ Senate Bill 11 (Taylor). 86th Texas Legislature.

prospective or retainer⁶ payments to pediatricians in Medicaid and CHIP and 2) pursuing federal funds to increase Medicaid physician reimbursement rates to Medicare parity.

1. If thoughtfully structured, prospective or retainer payments would help practices maintain operations throughout the emergency. Without this aid, more practices will fold and the recovery stage of this crisis will be prolonged and even more painful.
2. To maximize clinically appropriate billing during the time of crisis, increasing Medicaid rates to 100% of Medicare would go a long way to help practices maintain financial solvency and continue to employ medical and nursing staff. To ensure the long-term recovery of the foundation of pediatric health care in Texas, HHSC should identify federal funds to boost reimbursement rates on an ongoing basis.

While the Center for Medicare and Medicaid Services (CMS) has indicated it will provide funding to support physicians and providers with significant Medicaid business, it will be sufficient in neither scope nor timeliness to stop the financial hemorrhage pediatric practices are currently experiencing. State leadership is urgently needed to signal to our federal partners how and where investment is needed.

Thank you for your time and attention to these important matters. I know we share a common dedication to the health and safety of the children in Texas Medicaid. To that end, we earnestly request a meeting to discuss these policy interventions. Please don't hesitate to follow up with Clayton Travis, Director of Advocacy and Health Policy at the Texas Pediatric Society at Clayton.Travis@txpeds.org or Helen Kent Davis, Director, Governmental Affairs, Texas Medical Association at helen.davis@texmed.org.

Sincerely,



Tammy Camp, MD
President, Texas Pediatric Society



Diana L. Fite, MD
President, Texas Medical Association

cc:

Michelle Alletto, Chief Program and Services Officer, HHSC
Stephanie Stephens, Deputy Executive Commissioner Medicaid & CHIP Services, HHSC
Veronica Grady, Director of Rate Analysis, HHSC

⁶ Department of Vermont Health Access. (April 27, 2020). *Frequently Asked Questions: COVID-19 Sustained Monthly Retainer Payment Program*. Retrieved from: <https://dvha.vermont.gov/sites/dvha/files/documents/News/COVID-19%20Sustained%20Monthly%20Retainer%20Payments%20FAQ%20DVHA%20FINAL.pdf>.