

**A new GMCB Public Comment has been received.**

**Submit Time:** 5/24/2023

**Name:** Mary Stanley

**Affiliation:** Independent Healthcare Practice

**Town/City:** South Burlington

**Topic:** Hospital Budget

**Comment:** My new partner and I provide breast cancer care and melanoma care for Vermonters. The constraints on payments are creating financial strain on our practice due to decreased and delayed payments. Increasing hospital budgets without transparency and pay parity will hurt private practice providers more than they have already been hurt. If we could rely on pay parity with the same services provided at UVMHC, eliminate prior authorization work for staff, and resolve the newest issue where payers deny all claims with -25 modifier, we could continue taking care of patients and pay our deserving staff. A mastectomy done at UVM is reimbursed at a lower rate when done by me vs a UVMHC colleague. This should be resolved so that patients can continue to have the option for personalized care in the private setting. There is a severe staffing shortage yet Insurers now deny claims with a -25 modifier. They require further documentation that they will not accept at initial submission. Then another team reviews and decides if they will pay for the visit and, for example, the biopsy of a mass on the same day as the visit. Imagine the backlog that could result if patients have to return on a separate day for that biopsy. This is not a productive use of insurer's staff or practice staff. Imagine bringing your child in for a well child visit and then having to return for vaccinations. Doing procedures/administering vaccines on a visit day is not only convenient for patients but it is good patient care. The automatic denials cause payment delays and work for staff that is not appropriate when they could be focusing on patient care. Lastly, there is a law that requires breast imagers/radiologists to report breast density. About 40% of women have increased breast density and screening ultrasound is recommended. MRI is recommended for women with the highest risk. For many years I have performed screening breast ultrasound on high risk women. This is poorly reimbursed (see pay parity comment), or denied when coupled with a cancer follow up or high risk visit (see -25 modifier comments) This is viewed as a preventative service by women in this setting. As providers who provide this and other services for subscribers and the Vermont population, we should be reimbursed for the service and this should be on par with the same service at UVMHC. Thank you for your time. Mary Stanley MD

**Post Comment:** Yes