



Pediatric Primary Care Issues

Thank you for allowing us to provide information regarding our experiences as a Pediatric Primary Care office.

Inflation is between 9% and 12% but unlike other types of business, yet healthcare reimbursement either stays the same or increases by only a fraction. Finding, training, and retaining staff at all levels is more difficult and as a small clinic funded mostly by Medicaid, we cannot keep up with pay and benefit levels larger organizations are able to maintain.

Approximately 65% of our visits are held in Spanish but as a Rural Health Clinic the cost for an interpreter is deducted from our Medicaid RHC encounter rate.

This means we often pay out of pocket to provide these services required by law.

Unlike Medicare or Commercial insurance companies, Medicaid does cover language interpretation but only a single 15-minute unit per visit; many of our visits are longer than this and interpreter services charge us for an hour minimum; sometimes two hours.

Not all services will bill Medicaid directly because they are unable to get full payment for their services.

Each CCO requires the use of a different language service. We do have an in-house Certified Healthcare Interpreter but not all CCO's will pay us for using her even though she is in the OHA database. They only allow specific companies to be used and will not allow us to add her to their list.

Our main CCO takes a 10% risk withhold for this service even though it is a requirement for us to provide language interpreters.

Our largest CCO contract assigns us to provide care for 85% of our patient base but the contract requires us to allow a risk withhold of 10%. Ironically, the services we provide to meet the state mandated quality measures are those being charged this risk amount. This dis-incentivizes these services.

As a pediatric clinic, we are part of the Vaccines for Children program. This is a federal program managed by the State of Oregon who provides us with vaccines at no cost to us. We are paid a nominal fee for each vaccine we give: \$21.96. This fee covers our staff time, supplies, and storage costs for providing these vaccines. Our CCO contract requires us to allow the same 10% risk withhold but there is ZERO actual risk involved at the CCO and the federal program fully covers it.

$$10\% \text{ of } 21.96 = 2.19$$



In 2022 we did an amazing 4,636 vaccines for this CCO and were charged an unnecessary risk withhold of \$10,152.84!

As a pediatric RHC, vaccines given to Medicaid patients not assigned to a CCO are not paid for if there was also an office visit. We are paid our encounter rate only regardless of the services provided at the visit.

Transportation issues make it difficult for some of our patients to reach us. Our clinic is in North Marion County, but all transportation requests are managed by our CCO with a company in Salem. Our families are frequently denied transportation because they did not call far enough ahead.

Kids do not get sick on a schedule so if they spike a fever at 3am, we can get them in right away when the clinic opens but they cannot get a ride.

We have tried creating a test pilot program with the local taxi services, but we have not been able to get it supported by our CCO.

We do not get paid for medically necessary supplies or in-office medications even though we pay out of our pocket for them.

Scenario 1: Child falls while playing; has an arm injury. We do not have radiology equipment, so we send them to the closest radiology dept with an order for films. We place a splint on the child to stabilize the injury. We do not get paid by any insurance for the splint or the ace-type bandage we use even though it is medically necessary care.

Scenario 2: Child comes in because they are vomiting and have been for several hours. We administer an in-office medication to stop their vomiting but do not get paid by any insurance for this even though it is medically necessary care.

There is a great need for more Behavioral Health providers in the pediatric space. This need seems to grow daily yet there are not enough providers to fill this gap.

We have been recruiting for over a year for a position of this type with no luck.

Accelerated increases in all costs associated with medical practice as well as the increases in State requirements for the programs we need to keep our doors open mean our workforce burnout levels have increased at an accelerated rate, too. Our small town has a wonderfully diverse population deserving of thoughtful care and resources other communities do not require. The costs we incur trying to provide these services have made it even more difficult for us to remain afloat.