

Increased Medicaid Reimbursement – A North Carolina Story

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Topic: Increased Medicaid Reimbursement – A North Carolina Story

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We are not a rural health center, and I am not sure our county would qualify us to do this in pediatrics. We have worked with state government officials in the bureaucracy and legislature to put together a Medicaid program that gives pediatricians say-so in administrative decisions through a Physicians Advisory Group based in the North Carolina Medical Society.

Pediatricians receive \$2.50 per member per month to manage the care of their patients, and all Medicaid patients have been assigned to a primary care physician who functions as the medical home/gatekeeper for the patients. Another \$2.50 per member per month is put into an administrative fund that pays for case managers to be based in large practices to assist with patient education, patient tracking, and coordination of services for children with special health care needs.

We continue to lobby the General Assembly annually for the 95% Medicaid reimbursement that we receive, and we have a generous EPSDT reimbursement. We are negotiating an inflationary increase for our vaccine administration fee within the Vaccines For Children (VFC) program at this time. We are paid pretty well to provide oral health screenings, oral health education, and to apply dental varnish to teeth of all Medicaid-eligible children who are between the ages of 6 months and 3 years, on an every 3 months basis.

The reimbursement for mental health professionals is adequate to the point that these professionals are lobbying for us for more Medicaid referrals. We have hired a full-time psychologist to work in our practice, and she appears to be able to at least bill and collect enough to pay for her expenses/salary, and we are recruiting a mental health clinical social worker to help her. We are slowly developing a mental health program in our public schools that involves the staff who work in our school-based health centers and private sector mental health professionals in the community. If the school-based health center staff thinks a student needs mental health services, they refer the student to a mental health professional who comes to the school-based health center to provide mental health services for the student. The mental health professional sees the student in the center, and bills for services from her/his office. We are beginning to put together nurse/social worker/guidance counselor teams for all schools and will try to link the students who are identified by the teams as needing mental health services with mental health professionals in the community. We are able to do this in our community because Medicaid and SCHIP pay the mental health professionals adequately for their services, and we have an adequate number of mental health professionals in our community.

Questions

How do other rural pediatricians pay for similar services?

How do other rural pediatricians lobby for increased Medicaid reimbursement for a spectrum of services?

Have other pediatricians been successful in their states in securing Medicaid reimbursement for similar services?