

COMMENTS REGARDING SUPPLEMENTAL TEACHING PAYMENTS:

The final Supplement Teaching Payments Public Notice published June 30th in *The Greenville News, The Post and Courier* and *The State* newspaper will serve as the South Carolina Department of Health and Human Services' response to all comments below.

Comment 1:

“Due to the natural turnover in faculty physicians, freezing the number of physicians in the Medicaid Teaching Program creates an ever decreasing level of financial support from the Supplement that truly jeopardizes the integrity of the educational programs and access to healthcare so critical to the care of these patients now and in the future.

We understand and agree that healthcare funding needs to be addressed with real world solutions, but we would propose delaying implementation of the proposed moratorium until a new teaching supplement comprehensive approach can be developed. If a moratorium is necessary, we request that it be based on total dollars currently involved for the program. This would allow for revenue stability while the details of a new program are decided.”

Comment 2:

“Faculty in teaching programs are in “outpatient departments” of the hospital which means that extra fees are applied as “facility fees”. This is generally paid by the government programs but private insurance and managed care frequently doesn't cover this leaving this extra charge to the patient. Consequently many patients NOT in government programs leave the teaching programs for private physicians or offices where the “fee” is not applied. This sques (sic) the population for trainees who are left to learn from only those payors and do not get to work with these other patients. Our population in the Family Medicine Center has grown to approximately 55% medicare and 25% Medicaid. Most of the remaining 20% are “self pay” and have no where else to go. These consequently become some of the most difficult patients for physician-learners have to work with: less compliant with visits; less compliant with medications; frequently can't/don't get their RX filled; are not self motivated, etc, etc.

I urge you to not discontinue or minimize this valuable program to the Teaching Physicians of the state.”

Comment 3:

“There are significant changes in the pipeline for health care reimbursement that will negatively impact payment for services. Due to this unknown, we suggest that you delay any proposed changes to allow your office to take the impact of those changes into consideration as part of your work plan.

In the event that you choose to implement this change sooner than later, we ask that you utilize a statewide prevailing rate based on an average of the five highest managed care reimbursements. If a moratorium is imminent, we suggest you use total dollars. This would allow for revenue stability while the details of a new program are worked out.”

Comment 4:

“As a family physician education and clinician, I want to convey my support for continuing to provide teaching supplement funds to physician faculty who teach in primary care residency programs in the state. In the future, I encourage the expansion of the South Carolina Medicaid Supplemental Teaching Physician Program to include primary care physicians in community-based practices who are willing to teach students in their offices. We are doubling the number of medical students being educated in South Carolina, and we need to provide incentives so more primary care physicians are willing to teach and serve as role models for students and residents so they in turn will choose careers in primary care.”

Comment 5:

“I write to encourage DHHS to continue to (sic) Medicaid Teaching Supplement program. The funds provide vital support for medical education in our state. In particular, I support continuing to provide teaching supplement funds to faculty who teach in the primary care residency programs in the state. Furthermore, in the future, I encourage support via funds to primary care physicians in community-based practices who are willing to devote time to teaching students from AAMC accredited medical schools in their offices.”

Comment 6:

“The proposed freezing of enrollment of teaching physicians entering into the SC Medicaid Supplemental Teaching Program as of September 30, 2012 will cause a major disadvantage to the teaching facilities, the primary source of patient care for Medicaid and uninsured patients. The primary disadvantage will be removing funding as the teaching facilities continue to recruit primary care physicians as well as specialist needed for training of students and residents. These physicians all provide access to Medicaid beneficiaries and quality care for all citizens of the State of SC.

If there is a need to freeze until you have a chance to develop a new payment methodology, we would prefer a freeze on number of physicians in the program or dollars and for a period of time not to exceed six months.

As you review the Supplemental Teaching Program (STP) and Graduate Medical Education program (GME), please take into account that the STP program is for Physician reimbursement and the GME program is to reimburse hospitals for the cost of

training residents. Currently there is no state funding for any GME programs except Family Medicine, and a reduction to the GME program would cause reduction of the number of resident slots that hospitals could afford to include in there program.”

Comment 7:

“Our preferred choice would be to delay implementation of the moratorium altogether until a comprehensive plan including GME and supplemental teaching reimbursement can be developed. Should the agency find it necessary to initiate an interim change however, we would propose that the agency first consider basing any short term cap on the total dollars received by participant in the program in the most recent period for which the agency has complete data available. Absent this, we would be supportive of a limit on the total number of physicians’ slots available statewide, although this would seem to be a more administratively burdensome approach”.

Comment 8:

“The teaching supplement has fulfilled its purpose in pediatrics by providing crucially needed financial support to programs that provide care to Medicaid-eligible children and train the next generation of physicians. You may be surprised to learn that half of the pediatric resident physicians we train ultimately stay in the state.

We appreciate Medicaid’s commitment to the children of South Carolina. We are dedicated to providing children with high-quality and cost effective healthcare services. This can only be done in partnership with SC Medicaid, the program insuring over half of the children we serve. We respectfully request the opportunity to discuss with you options to improve the teaching supplement program. We want to be part of the solution going forward”.