

PUBLIC NOTICE

June 27, 2016

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given to the submission of a Medicaid State Plan Amendment (SPA). The Division of Medicaid, in the Office of the Governor, is submitting SPA 16-0008 Primary Care Physician (PCP) Payment for Obstetricians and Gynecologists (OB/GYNs) to reimburse certain eligible OB/GYNs for the provision of certain primary care services at one hundred percent (100%) of the Medicare Physician fee schedule, effective July 1, 2016, our Transmittal #16-0008.

1. Mississippi Medicaid SPA 16-0008 proposes to reimburse certain eligible obstetricians and gynecologists for the provision of certain primary care services at one hundred percent (100%) of the Medicare Physician fee schedule or at the Mississippi regional maximum vaccine administration fee set by the Vaccines for Children program.
2. The expected annual aggregate expenditures of the Division of Medicaid are expected to be an increase in state dollars of \$73,541 for state fiscal year (SFY) 17 and \$73,209 for SFY18, and in federal dollars of \$53,507 for federal fiscal year (FFY) 16 and \$215,358 for FFY17.
3. Mississippi HB1650 authorizes payments to certain eligible obstetricians and gynecologists for the provision of certain primary care services, as defined by the Division of Medicaid, at one hundred percent (100%) of the Medicare Physician fee schedule. This SPA is being submitted in order to comply with federal Medicaid regulations. 42 C.F.R. § 447.201 requires the Division of Medicaid to submit a SPA describing the policy and methods used in setting payment rates for each type of service included in the Mississippi State Plan.
4. A copy of the proposed SPA will be available in each county health department office and in the Department of Human Services office in Issaquena County for review. A hard copy can be downloaded and printed from www.medicaid.ms.gov or may be requested at Margaret.Wilson@medicaid.ms.gov or 601-359-2081.
5. Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or Margaret.Wilson@medicaid.ms.gov for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.
6. A public hearing on this SPA will not be held.

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

Physicians' services – Fees for Medicaid physician services are updated July 1 of each year and are reimbursed at ninety percent (90%) of the Medicare Physician Fee Schedule in effect as of January 1 of each year. All rates are published at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

Primary Care Physician Payment:

The Division of Medicaid will continue to reimburse for services provided by physicians who self-attest as having with a primary specialty designation of family medicine, pediatric medicine or internal medicine as if the requirements of 42 C.F.R. § 447.400(a) remain in effect long as authorized by State law, formerly authorized by 42 C.F.R. § 447.400(a). ~~The calendar year 2014 rates will be in effect for services and providers with dates of service between January 1, 2015, through June 30, 2015.~~

Effective July 1, 2016, and as long as authorized by State law, the Division of Medicaid will reimburse for services provided by obstetricians and gynecologists (OB/GYNs) with a primary specialty/subspecialty designation in obstetric/gynecologic medicine who attest to one (1) of the following:

- 1) Physician board certified by the American Congress of Obstetricians and Gynecologists (ACOG) as a specialist or subspecialist in obstetric/gynecologic medicine, or
- 2) Physician with a primary specialty/subspecialty designation in obstetric/gynecologic medicine and furnished the evaluation and management services and vaccines administration services listed below that equal at least sixty percent (60%) of the Medicaid codes they have billed during the most recently completed calendar year but does not have an ACOG certification, or
- 3) Physician, newly enrolled as a Medicaid provider, with a primary specialty/subspecialty designation in obstetric/gynecologic medicine and attests that the evaluation and management services and vaccines administration services listed below will equal at least sixty percent (60%) of the Medicaid codes they will bill during the attestation period, or
- 4) Non-physician practitioner providing primary care services in a Practice Agreement with a qualified physician enrolled for increased primary care services.

Primary Care Services' reimbursement applies to the Evaluation and Management (E&M) codes 99201 through 99499 except: 99224, 99225, 99226, 99239, 99288, 99316, 99339, 99340, 99358, 99359, 99360, 99363, 99364, 99366, 99367, 99368, 99374, 99375, 99377, 99378, 99379, 99380, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99420, 99429, 99441, 99442, 99443, 99444, 99450, 99455, 99456, 99466, 99467, 99485, 99486, 99487, 99488, 99489, 99495, 99496.

TN No. 15-002 16-0008

Supersedes

TN No. ~~2010-019~~ 15-002

Date Received

Date Approved

Date Effective 07/01/2016

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

Primary Care Services' reimbursement applies to the following Vaccine Administration Codes: 90460 and 90471 through 90474. The state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 C.F.R. § 447.400(a) at the Mississippi regional maximum administration fee set by the Vaccines for Children (VFC) program for self-attested primary care physicians and self-attested primary care OB/GYN physicians. To receive reimbursement for vaccine administration to a VFC-eligible beneficiary, a self-attested primary care physician or self-attested primary care OB/GYN physician provider must also be enrolled as a VFC provider.

~~Effective July 1, 2015,~~ Primary Care Services' fees are updated July 1 of each year and are reimbursed at one hundred percent (100%) of the Medicare Physician Fee Schedule in effect as of January 1 of each year, ~~and are reimbursed to physicians who meet the requirements of 42 CFR § 447.400(a).~~ All rates are published at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

Physician services not otherwise covered by the State Plan but determined to be medically necessary for EPSDT beneficiaries are reimbursed according to the methodology described above.

TN No. 16-0008
Supersedes
TN No. New

Date Received
Date Approved
Date Effective 07/01/2016

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

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Primary Care Physician Payment:

The Division of Medicaid will continue to reimburse for services provided by physicians who self-attest as having a primary specialty designation of family medicine, pediatric medicine or internal medicine as long as authorized by State law, formerly authorized by 42 C.F.R. § 447.400(a).

Effective July 1, 2016, and as long as authorized by State law, the Division of Medicaid will reimburse for services provided by obstetricians and gynecologists (OB/GYNs) with a primary specialty/subspecialty designation in obstetric/gynecologic medicine who attest to one (1) of the following:

- 1) Physician board certified by the American Congress of Obstetricians and Gynecologists (ACOG) as a specialist or subspecialist in obstetric/gynecologic medicine, or
- 2) Physician with a primary specialty/subspecialty designation in obstetric/gynecologic medicine and furnished the evaluation and management services and vaccines administration services listed below that equal at least sixty percent (60%) of the Medicaid codes they have billed during the most recently completed calendar year but does not have an ACOG certification, or
- 3) Physician, newly enrolled as a Medicaid provider, with a primary specialty/subspecialty designation in obstetric/gynecologic medicine and attests that the evaluation and management services and vaccines administration services listed below will equal at least sixty percent (60%) of the Medicaid codes they will bill during the attestation period, or
- 4) Non-physician practitioner providing primary care services in a Practice Agreement with a qualified physician enrolled for increased primary care services.

Primary Care Services' reimbursement applies to the Evaluation and Management (E&M) codes 99201 through 99499 except: 99224, 99225, 99226, 99239, 99288, 99316, 99339, 99340, 99358, 99359, 99360, 99363, 99364, 99366, 99367, 99368, 99374, 99375, 99377, 99378, 99379, 99380, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99420, 99429, 99441, 99442, 99443, 99444, 99450, 99455, 99456, 99466, 99467, 99485, 99486, 99487, 99488, 99489, 99495, 99496.

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

Primary Care Services' reimbursement applies to the following Vaccine Administration Codes: 90460 and 90471 through 90474. The state reimburses vaccine administration services at the Mississippi regional maximum administration fee set by the Vaccines for Children (VFC) program for self-attested primary care physicians and self-attested primary care OB/GYN physicians. To receive reimbursement for vaccine administration to a VFC-eligible beneficiary, a self-attested primary care physician or self-attested primary care OB/GYN physician provider must also be enrolled as a VFC provider.

Primary Care Services' fees are updated July 1 of each year and are reimbursed at one hundred percent (100%) of the Medicare Physician Fee Schedule in effect as of January 1 of each year. All rates are published at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

Physician services not otherwise covered by the State Plan but determined to be medically necessary for EPSDT beneficiaries are reimbursed according to the methodology described above.