

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.715

Program Name: Physician

Program is found in the following core budget(s): Physician

1a. What strategic priority does this program address?

Sustain healthy lives by increasing preventive services

1b. What does this program do?

This program funds physician-related services provided to fee-for-service MO HealthNet participants.

Services are provided by:

- Physicians
- Podiatrists
- Chiropractors
- Advanced Practitioners
 - Advanced Practice Registered Nurses (APRN) or Nurse Practitioners (NP)
 - Nurse Midwives
 - Physician Assistants (PA)
 - Assistant Physicians (AP) once licensed by the Board of Healing Arts
 - Certified Registered Nurse Anesthetists (CRNA) and Anesthesiologists Assistants (AA)
- Behavioral health providers
 - Psychiatrists
 - Psychologists, included provisional licensees
 - Licensed professional counselors (LPC), including provisional licensees
 - Licensed clinical social workers (LCSW), including provisional licensees
 - Licensed behavior analysts

Services may be billed by the providers listed above or on behalf of professional services provided at the following locations:

- Clinics
- Rural health clinics (RHC)
- Federally qualified health centers (FQHC)
- Ambulatory surgical centers (ASC)
- Lab and x-ray facilities
- Independent diagnostic testing facilities
- Participant's home
- Hospital (Inpatient and Outpatient settings)
- Nursing facilities
- Free Standing Birth Centers

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Reimbursement Methodology

The majority of services provided by physician-related professionals are reimbursed on a fee schedule; whereby each procedure or claim is priced individually by a medical consultant based on the unique circumstances of the case. Certain procedures are only reimbursable with prior approval. A few services are reimbursed manually.

Services rendered by someone other than a physician or podiatrist, including appropriate supplies, are billable on behalf of the physician only where there is direct personal supervision by the physician. This applies to services rendered by auxiliary personnel employed by the physician and working under his/her on-site supervision. Auxiliary personnel include nurses, non-physician anesthetists (including Certified Registered Nurse Anesthetists and Anesthesiologist Assistants), technicians, and other aides.

The following advanced practitioners can bill MO HealthNet independently from a physician, but must still operate within the terms of their collaborative practice arrangement with the physician:

- Advanced Practice Registered Nurses (APRN) and Nurse Practitioners (NP),
- Nurse Midwives,
- Physician Assistants (PA), and
- Assistant Physicians (AP).

The services of physicians, podiatrists, advanced practitioners, chiropractors, and behavioral health providers may be administered in multiple settings including the physician's office, the participant's home (or other place of residence such as a nursing facility), the hospital (inpatient/outpatient) or settings such as a medical clinic or ambulatory surgical care facility. The services of a nurse midwife may also be administered in the home of the participant (delivery and newborn care only) or a birthing center.

MO HealthNet reimbursement may also be made directly to the facility which employs the health care professionals. Facilities which receive direct payment from the physician-related services program include clinics, laboratory and x-ray facilities, independent diagnostic testing facilities (IDTF), rural health clinics (RHC), federally qualified health centers (FQHC), free standing birth centers and hospitals (inpatient and outpatient). Each provider offering health care services through the facility (with the exception of RHCs), in addition to being employed by the participating clinic, must be a MO HealthNet provider. Ambulatory surgical centers are also reimbursed for a facility fee which does not include professional services of the performing practitioner.

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Obesity Program

The MO HealthNet Division implemented an Obesity Program program that allows MO HealthNet to pay for the biopsychosocial treatment of obesity for youth and adult participants. The goal of this policy is to improve health outcomes for both the youth and adult population by managing obesity and associated co-morbidities.

Diabetes Prevention Program

The MO HealthNet Division implemented a Diabetes Prevention Program (DPP) for adult participants at risk for developing type-2 diabetes. It is a structured lifestyle intervention following the Center for Disease Control's (CDC) curriculum that includes dietary coaching, lifestyle intervention, and moderate physical activity, all with the goal of preventing the onset of diabetes in individuals who are pre-diabetic.

CCBHO

Missouri participated in a Medicaid demonstration project under Section 223 of the Protecting Access to Medicare Act designed to demonstrate the cost effectiveness of converting Medicaid reimbursement for community behavioral health services from a fee-for-service reimbursement system to a prospective payment system (PPS) while improving the availability, accessibility, and quality of community behavioral healthcare. There were 15 Certified Community Behavioral Health Organizations (CCBHO) participating in the demonstration program. A prospective payment rate was developed for each of these organizations in accordance with the CMS guidelines. PPS payments are based on visits. A visit is a day in which there is at least one face-to-face encounter or one eligible telehealth encounter between a qualified practitioner and an eligible participant involving the provision of a CCBHO service. It does not matter how many or how few CCBHO services an individual receives in a given day, the CCBHO is paid the single PPS rate for that day. The demonstration program was scheduled to end on June 30, 2019. Missouri was approved to continue the CCBHO demonstration services through November 30th, 2020. The State is seeking a State Plan Amendment to continue the services following the end of the demonstration period.

PACE PROGRAM

The Programs of All-Inclusive Care for the Elderly (PACE), organizations would provide a full range of preventive, primary, acute, and long-term care services 24 hours per day, 7 days per week. The proposed PACE sites are located in the Kansas City and St. Louis Regions. The PACE Centers are typically open Monday through Friday, 8 AM to 5 PM, to offer services on-site in an adult day health center setting. The PACE organizations also provide in-home services as deemed necessary by the PACE Interdisciplinary Team (IDT). All medical services provided to the individual while enrolled in the PACE program, are the financial responsibility of the PACE provider. An actuarial study is currently underway to determine rates for the proposed PACE programs. Currently, the estimated cost of \$14,200,000 to run two new PACE sites, is based on historical budget requests for the PACE program in Missouri.

Rate History

7/1/19: 1.5% rate increase for all physician related services.

7/1/18: 1.5% rate increase for rate restoration for physician related services.

7/1/17: 3% rate decrease for all physician related services.

7/1/16: 2% rate increase for all physician related services.

7/1/16: 3.79% rate increase for Medicare parity for physician related services.

1/1/16: 1% rate increase for all physician related services.

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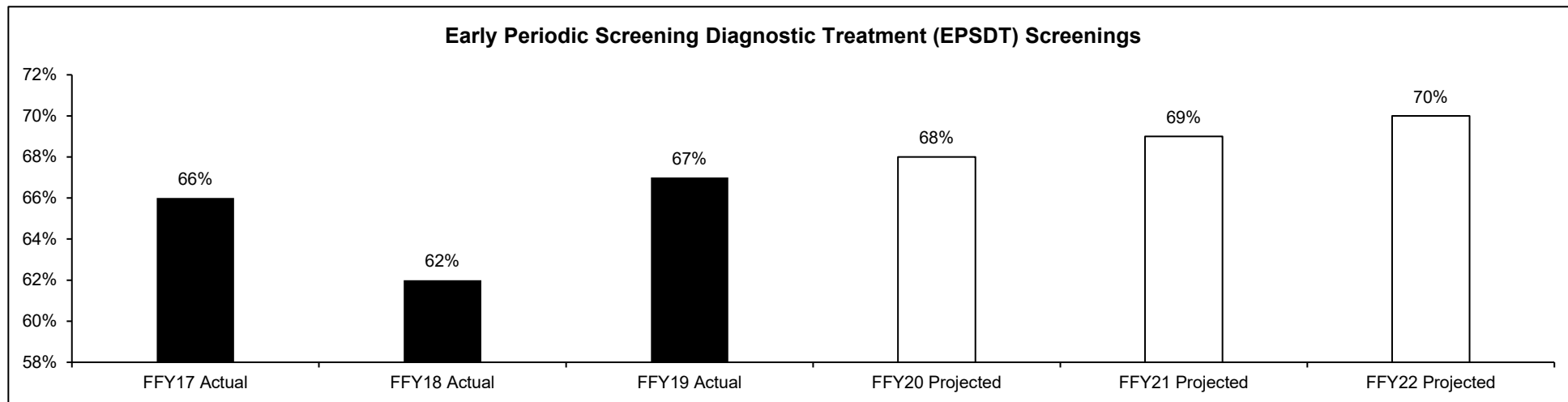
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2a. Provide an activity measure for the program.



The Healthy Children and Youth (HCY) Program in Missouri, also known as Early Periodic Screening, Diagnosis and Treatment (EPSDT), is a comprehensive, primary and preventive health care program for MO HealthNet eligible children and youth under the age of 21 years. The HCY Program provides screenings and treatment to correct or ameliorate defects and chronic conditions found during the screening. The measure is based on the Federal Fiscal year in which the report was submitted to CMS.

*Future projections are based on eligibility requirements as of 7/1/20.

FFY20 Note 4: FFY20 data is not available until February 2021.

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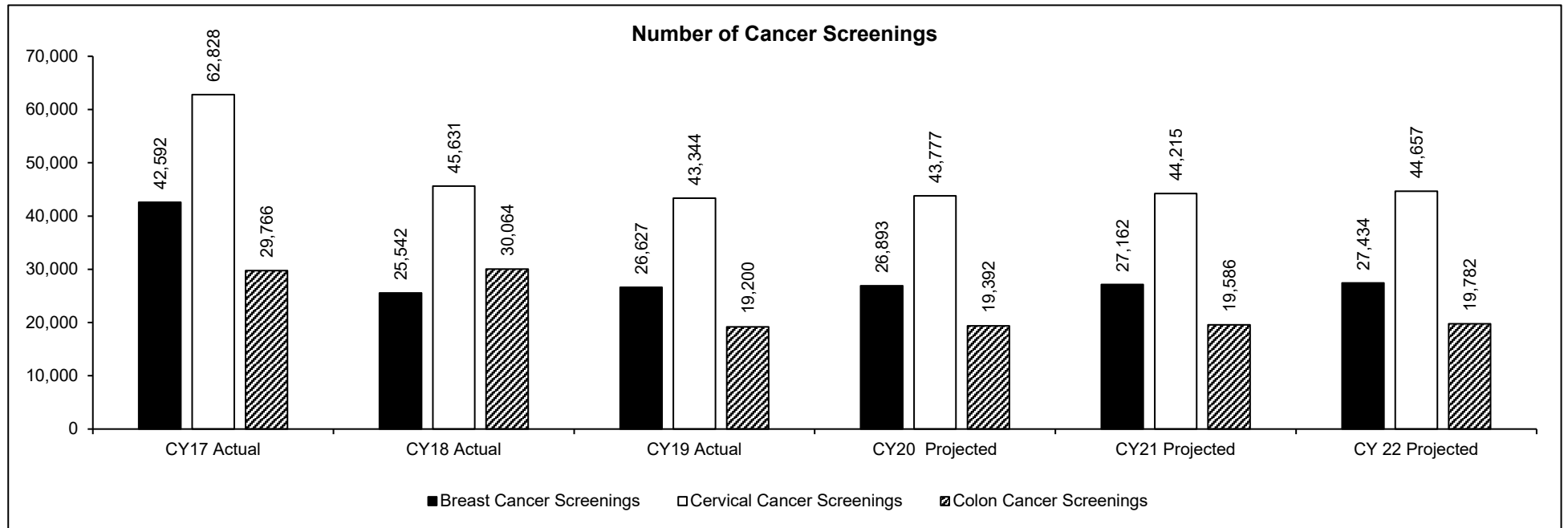
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2b. Provide a measure of the program's quality.

Receiving preventive services such as breast, cervical, and colon cancer screenings are just a few examples of ways people can stay healthy. It is important to educate MO HealthNet participants of the importance of preventive care. An increase of 10% in breast, cervical and colon cancer screenings each year will show that the program is having a meaningful impact, by showing participants the importance of preventive screenings to catch cancers early, improve the treatment, and lessen the cost of the disease.



Notes:

The chart above includes Fee-for-Service (FFS) only, therefore the number of cancer screenings was expected to drop after FY 2017 due to statewide Managed Care.

The data for breast cancer screenings is on FFS women aged 40 years and older.

The data for cervical cancer screenings is on FFS women aged 18 and over.

The data for colon cancer screenings is on participants age 50 and over. The number of colon cancer screenings is lower than breast and cervical cancer screenings. This can be attributed to Medicare paying for services when participants are age 65 and older.

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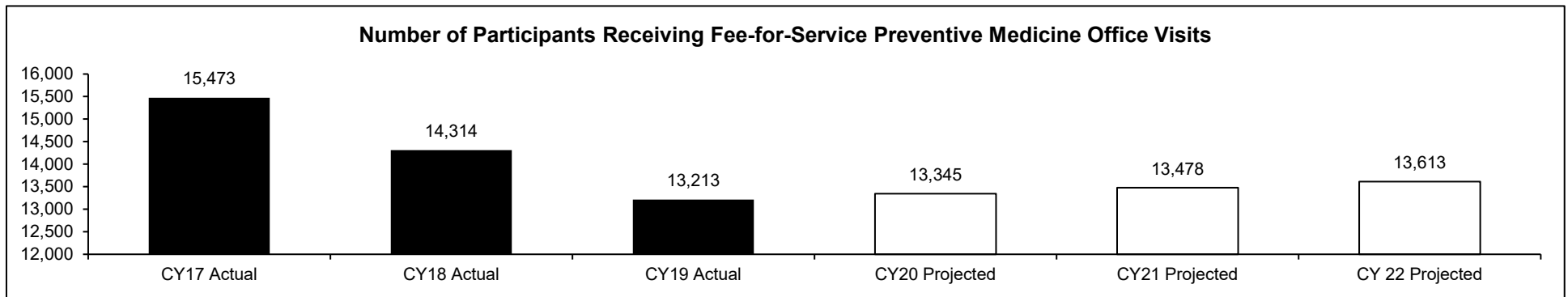
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2c. Provide a measure of the program's impact.

Increase the number of adult preventive office visits. MO HealthNet pays for one preventive examination/physical per year. Preventive visits are important for maintenance of good health and a reduction in risk factors that could lead to more expensive health care costs.

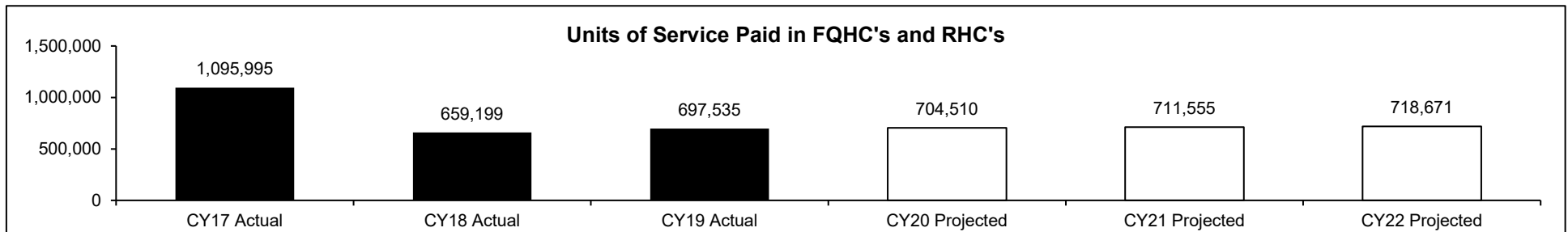


An increase of 10% would show the program is having a meaningful impact by showing participants the importance of preventive screenings.

Note: The chart above includes FFS only, therefore the number of preventive office visits was expected to drop after FY 2017 due to statewide expansion of Managed Care.

2d. Provide a measure of the program's efficiency.

Services in an FQHC and RHC provide primary care services to those in rural areas assuring that they receive preventive care which also lessens the cost of diseases.



Note: The chart above includes FFS only, therefore the number of encounters paid in an FQHC and RHCs was expected to drop after FY 2017 due to statewide Managed Care.

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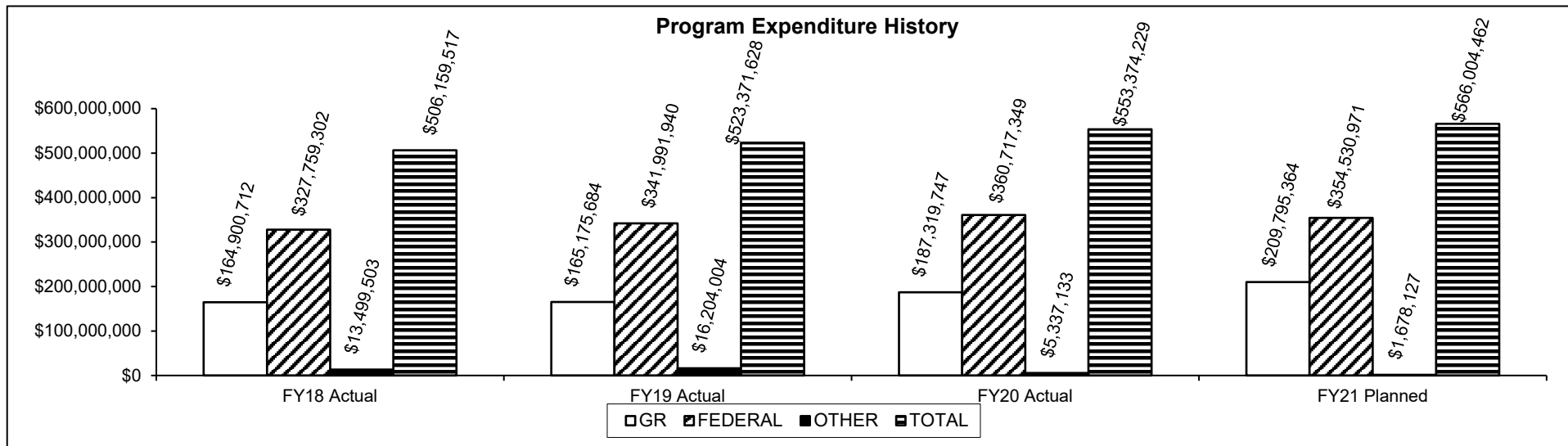
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3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe)



Planned FY2021 expenditures are net of restricted, reverted and reserves.

4. What are the sources of the "Other " funds?

Health Initiatives Fund (HIF) (0275), Healthy Families Trust Fund (0625), Pharmacy Reimbursement Allowance Fund (0144), and Third Party Liability Collections Fund (0120).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.153 and 208.166 RSMo. Federal law: Social Security Act Sections 1905(a)(2), (3), (5), (6), (9), (17), (21); 1905(r) and 1915(d). Federal regulations: 42 CFR 440.210, 440.500, 412.113(c) and 441 Subpart B.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program. Some services are optional: podiatry, clinics, nurse practitioners, CRNA, Psychologist, and LCSW.