

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 that 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.

Obesity Program

The MO HealthNet Division implemented an Obesity 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.

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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.

Rate History

7/1/22: Various rate increases for physician related services. Rates increased to 83% of Medicare rates for Preventive codes and Evaluation & Management (E/M) codes, 75% of Medicare for other services, and a 50.75% increase for physician-related codes without a Medicare comparison.

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.

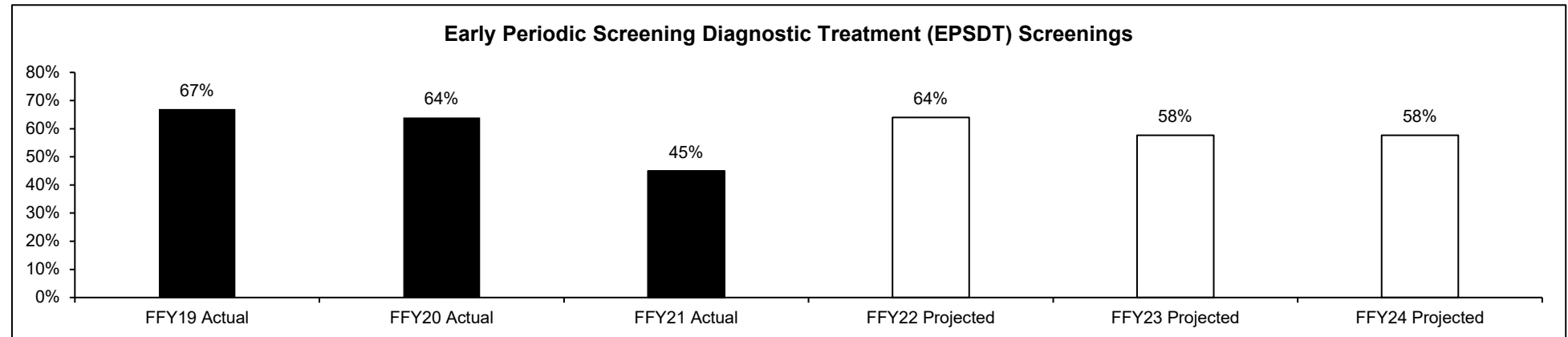
7/1/17: 3% rate decrease for all physician related services.

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.

2a. Provide an activity measure for the program.



Note 1: 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.

Note 2: FFY22 data is not available until February 2023.

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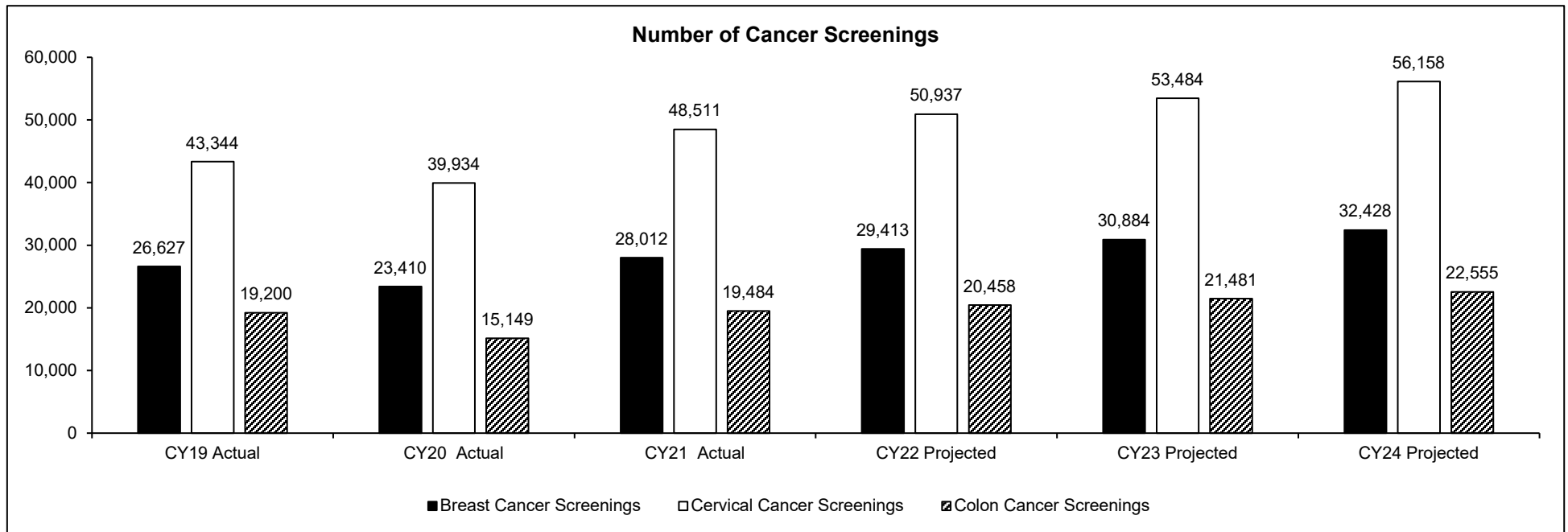
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2b. Provide a measure of the program's quality.

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 5% 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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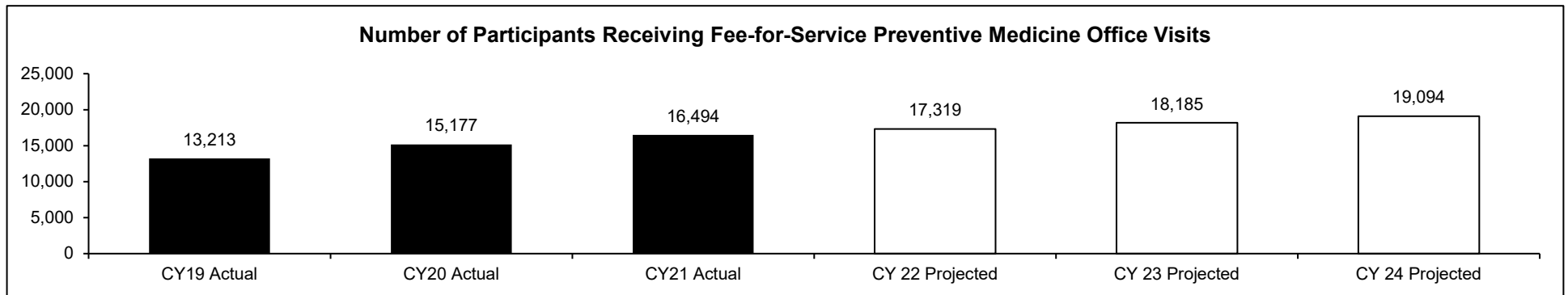
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2c. Provide a measure of the program's impact.

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.

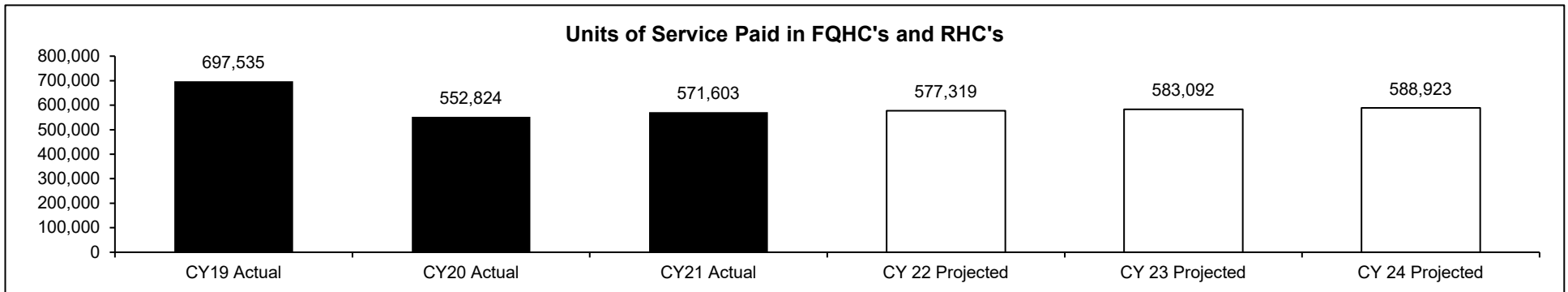


Note 1: An increase of 5% would show the program is having a meaningful impact by showing participants the importance of preventive screenings.

Note 2: The chart above includes FFS only.

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.



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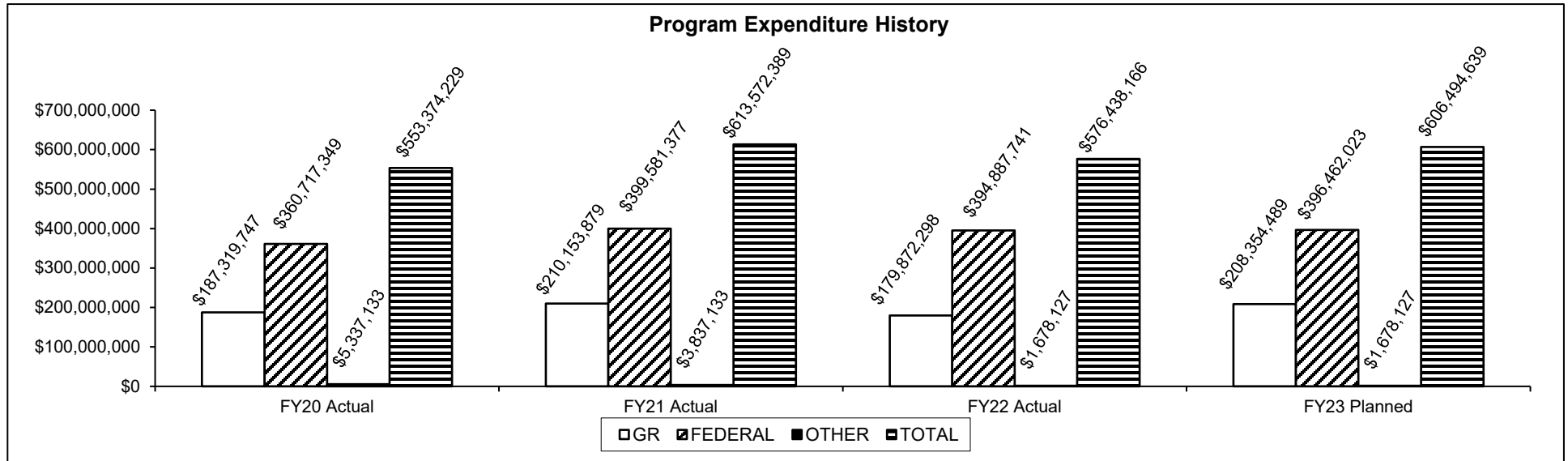
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3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe)



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures. Planned FY2023 expenditures are net of reserves.

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

Health Initiatives Fund (HIF) (0275), 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.