



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES


Med-QUEST Division
Clinical Standards Office
P. O. Box 700190
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September 15, 2017

MEMO NO.
FFS M17-08
[Replaces FFS M14-15A]

MEMORANDUM

TO: Managed Care Physicians

FROM:  Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

SUBJECT: ENHANCED REIMBURSEMENT TO ELIGIBLE PRIMARY CARE PHYSICIANS AND
OBSTETRICIANS FOR MANAGED CARE

The Med-QUEST Division (MQD) is issuing this memorandum as a replacement to FFS M14-15A that was issued on June 29, 2015. MQD is issuing this memorandum to inform eligible primary care physicians (PCP) and obstetricians of changes to the enhanced reimbursement for certain primary care services for managed care providers. The methodology for covered codes, reimbursement rate, and eligible providers will be effective retroactively for service dates beginning January 1, 2017 and are similar to the methodology that has been in place since January 1, 2013 with the following changes:

1. Eligible Providers: We have added the specialty of obstetrics and gynecology medicine to the list of eligible providers. The previous list of providers that include family medicine, general internal medicine, and pediatric medicine specialties will also continue to qualify. In addition, subspecialties of the above list recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA) will also qualify (i.e., a pediatric cardiologist). To qualify, a physician must first attest that he/she is practicing in one of the eligible specialties. If the physician is not practicing in one of the eligible specialties, they are not eligible for enhanced reimbursement under this program. If the physician accurately attests to practicing in one of the eligible specialties, the physician must then attest that he/she:
 - a. Is board certified in one of the eligible specialties or subspecialties; or

- b. Has at least 60% of all billed Medicaid codes are for eligible Evaluation and Management, prenatal, and vaccination administration codes, during the calendar year of application.
2. Eligible Codes: The eligible codes will continue with the following changes:
 - a. Emergency room codes will default back to non-enhanced Medicaid rates for services rendered on or after January 1, 2017.
 - b. Prenatal codes will reimburse at enhanced Medicaid rates for services rendered on or after January 1, 2017.
3. Reimbursement Rates: For services rendered on or after January 1, 2017 eligible codes for eligible providers will be reimbursed at the enhanced Medicare 2016 rates from the CMS website.

Please refer to Attachment A for an updated list of eligible codes and enhanced rates beginning January 1, 2017.

Physicians who have not yet self-attested may do so immediately. All eligible obstetrics and gynecology providers who complete the self-attestation process by October 31, 2017 will receive the enhanced reimbursement for eligible services rendered beginning January 1, 2017. Physicians who self-attest after October 31, 2017 will receive enhanced reimbursement for eligible services beginning in the quarter of self-attestation.

Physicians who have already self-attested and have been receiving the increased payments will continue to be eligible and continue to receive the increased payments, with the exception of the removed emergency room codes. MQD may perform an audit on any and all provider self-attestation information, see Attachment B for audit process details. These new audit processes will apply to any enhanced reimbursements made for services beginning January 1, 2017.

A subsequent memo will detail additional changes to this program beginning January 1, 2018.

For more information on the MQD PCP reimbursement enhancement or the self-attestation process, please refer to the MQD website link, www.med-quest.us/providers/PrimaryCarePhysician.html. Eligible providers may sign up for the enhanced reimbursement at the Department of Human Services (DHS) Medicaid online website: www.hiweb.statemedicaid.us.

If you have questions, please contact Dr. Curtis Toma by phone at (808) 692-8106 or by email at ctoma@dhs.hawaii.gov.

c: QUEST Integration Health Plans

Attachments

Attachment A

				CMS Physician Fee Schedules 10/1/16 to 12/31/16	
Office/Outpatient New Patient	Code	Medicaid Cov	Medicaid Rate	Non-Facility	Facility
	99201	Yes	24.13	47.47	N/A
	99202	Yes	48.03	80.52	N/A
	99203	Yes	68.82	115.47	N/A
	99204	Yes	99.17	174.93	N/A
	99205	Yes	122.28	218.44	N/A
Established Patient					
	99211	Yes	9.17	22.08	N/A
	99212	Yes	24.13	47.25	N/A
	99213	Yes	36.31	78.40	N/A
	99214	Yes	56.46	115.16	N/A
	99215	Yes	83.57	154.40	N/A
Hospital Observation New or Established Patient					
	99217	Yes	50.53	N/A	76.25
	99218	Yes	53.33	N/A	103.06
	99219	Yes	87.31	N/A	140.62
	99220	Yes	116.67	N/A	192.23
Hospital Inpatient					
Initial Hospital Care New or Established Patient	99221	Yes	53.33	N/A	104.36
	99222	Yes	87.63	N/A	141.65
	99223	Yes	116.67	N/A	209.94
Subsequent Hospital Care	99231	Yes	27.32	N/A	40.69
	99232	Yes	42.31	N/A	74.79
	99233	Yes	59.39	N/A	107.79
Observation or Inpatient care (includes admission & discharge services)--patient admitted and discharge on same day	99234	Yes	95.13	N/A	138.38
	99235	Yes	128.86	N/A	175.11
	99236	Yes	157.96	N/A	225.48
Discharge management 30 min or less	99238	Yes	50.28	N/A	76.03
Discharge management more than 30 min	99239	Yes	65.64	N/A	112.49
Consultations					
first 30-74 min	99291	Yes	144.08	289.22	N/A
each additional 30 min	99292	Yes	71.82	127.44	N/A
NF Services, Dom Services					
Initial NF(99304-99306)	99304	Yes	46.61	95.86	N/A
	99305	Yes	60.71	136.39	N/A
	99306	Yes	74.08	173.59	N/A
Subsequent NF (99307-99310)	99307	Yes	23.47	47.12	N/A
	99308	Yes	39.23	72.97	N/A
	99309	Yes	53.9	96.15	N/A
	99310	Yes	68.61	142.43	N/A
NF Discharge (99315-99316)	99315	Yes	45.08	76.86	N/A
	99316	Yes	57.25	110.63	N/A
Other NF	99318	Yes	45.34	100.46	N/A
Dom New Patient (99324-99328)	99324	Yes	36.37	57.79	N/A
	99325	Yes	53.19	83.84	N/A
	99326	Yes	76.94	144.81	N/A
	99327	Yes	109.29	193.61	N/A
	99328	Yes	139.4	225.86	N/A
Dom Established Patient (99334-99337)	99334	Yes	28.2	63.27	N/A
	99335	Yes	44.54	99.57	N/A
	99336	Yes	68.51	140.56	N/A
	99337	Yes	107.32	200.86	N/A
Dom, Home Care plan oversight (99339-99340)	99339	Yes with report and review		82.22	N/A
	99340	Yes with report and review		114.92	N/A
Home Services					
New Patient	99341	Yes	44.73	57.37	N/A
	99342	Yes	63.95	82.18	N/A
	99343	Yes	93.85	134.56	N/A
	99344	Yes	119.66	189.71	N/A
	99345	Yes	140.7	229.85	N/A
Established Patient	99347	Yes	35.41	57.85	N/A
	99348	Yes	53.81	87.58	N/A
	99349	Yes	80.79	133.81	N/A
	99350	Yes	116.22	185.29	N/A
Prolonged Services with patient contact; office/outpatient					
first hr	99354	Yes with review	66.64	104.72	N/A
each additional 30 min	99355	Yes with review	66.34	101.58	N/A
Inpatient or observation; first hr.	99356	Yes with review	68.89	N/A	95.88
	99357	Yes with review	56.45	N/A	95.05
Prolonged Services without patient contact; office/outpatient					
first hr	99358	Yes with review	38.23	113.02	N/A
each additional 30 min	99359	Yes with review	based on review	54.71	N/A

				CMS Physician Fee Schedules 10/1/16 to 12/31/16	
Office/Outpatient	Code	Medicaid Cov	Medicaid Rate	Non-Facility	Facility
CASE MANAGEMENT					
Anticoagulation Management.	99363	Yes with review	based on review	137.60	N/A
	99364	Yes with review	based on review	46.39	N/A
Care Plan Oversight					
In HHA, care home--30 min or more	99375	yes paid as G0181	92.25	110.94	N/A
In hospice 30 min or more	99378	yes paid as G0182	103.97	110.94	N/A
PREVENTIVE MEDICINE					
New Patient					
Less than one year	99381	Yes	48.67	118.68	N/A
1-4 yrs	99382	Yes	66.86	123.94	N/A
5--11 yrs	99383	Yes	65.52	129.00	N/A
12-17 yrs	99384	Yes	59.27	145.21	N/A
18-39 yrs	99385	Yes	61.58	140.45	N/A
40-64 yrs	99386	Yes	59.8	162.49	N/A
65 and up	99387	Yes	51.38	176.31	N/A
Established Patient					
Less than one year	99391	Yes	34.35	106.72	N/A
1-4 yrs	99392	Yes	33.27	113.69	N/A
5--11 yrs	99393	Yes	40.89	113.27	N/A
12-17 yrs	99394	Yes	45.94	124.01	N/A
18-39 yrs	99395	Yes	53.86	126.63	N/A
40-64 yrs	99396	Yes	55.27	134.74	N/A
65 and up	99397	Yes	50.97	145.21	N/A
Counseling & Risk Factor Reduction/Behavior Change Intervention					
Smoking and tobacco use cessation, greater than 3 minutes up to 10 minutes	99406	Yes	9.63	14.89	N/A
Smoking and tobacco use cessation, greater than 10 minutes	99407	Yes	19.82	28.83	N/A
Evaluation and Management services for Age 28 days or less					
Initial, per day, newborn, hospital or birthing center	99460	Yes	57.63	N/A	99.90
Initial, per day, newborn, in other than hospital or birthing center	99461	Yes	48.69	98.61	N/A
Subsequent hospital care	99462	Yes	30.8	N/A	43.34
Initial, per day, newborn, hospital or birthing center, admitted and discharged on the same day	99463	Yes	74.71	N/A	124.94
NEWBORN					
Attendance at delivery	99464	Yes	62.6	N/A	73.36
Delivery resuscitation	99465	Yes	122.74	N/A	158.93
PEDIATRIC Critical Care					
24 m or less, first 30-74 min	99466	Yes	199.35	N/A	236.54
each additional 30 min	99467	Yes	102.67	N/A	120.68
INPATIENT					
initial, less than 28 days old	99468	Yes	300	N/A	980.78
subsequent less than 28 days	99469	Yes	144	N/A	412.22
initial, 29days to 24 months	99471	Yes	168.72	N/A	906.21
subsequent 29 days to 24 months	99472	Yes	144	N/A	423.58
initial 2-5 yrs	99475	Yes	300	N/A	596.11
subsequent 2+5 years	99476	Yes	144	N/A	358.56
INITIAL AND CONTINUING INTENSIVE CARE					
initial, less than 28 days old	99477	Yes	144.08	N/A	371.95
subsequent Wt. less than 1500 gms	99478	Yes	118.49	N/A	141.43
subsequent Wt.1500-2500 gms	99479	Yes	108.34	N/A	129.10
subsequent Wt. less than 2501-5000 gms	99480	Yes	104.4	N/A	123.62
Unlisted E&M service	99499	Yes	by report	0.00	N/A

Attachment A

				CMS Physician Fee Schedules 10/1/16 to 12/31/16	
Office/Outpatient	Code	Medicaid Cov	Medicaid Rate	Non-Facility	Facility
IMMUNIZATION ADMINISTRATION					
18 years or less, first vaccine, any route	90460	Yes	covered under code in range 90476-90749; paid 4.00 per administration	28.38	N/A
Injectible, first vaccine	90471	Yes	covered under code in range 90476-90749; paid 4.00 per administration	28.38	N/A
Injectible, each additional vaccine	90472	Yes	covered under code in range 90476-90749; paid 4.00 per administration	13.51	N/A
Intranasal, oral , first vaccine	90473	Yes	covered under code in range 90476-90749; paid 4.00 per administration	28.38	N/A
Intranasal, oral each additional vaccine	90474	Yes	covered under code in range 90476-90749; paid 4.00 per administration	13.51	N/A
PRENATAL SERVICES					
Vaginal delivery	59400	To be added effective Jan 1, 2017	1,113.88	2,168.73	N/A
	59409	To be added effective Jan 1, 2017	620.40	830.98	N/A
	59410	To be added effective Jan 1, 2017	684.96	1,062.55	N/A
Antepartum care	59425	To be added effective Jan 1, 2017	256.60	478.19	N/A
	59426	To be added effective Jan 1, 2017	397.16	857.43	N/A
	59430	To be added effective Jan 1, 2017	84.38	194.92	N/A
Cesarean delivery	59510	To be added effective Jan 1, 2017	1,500.00	2,398.05	N/A
	59514	To be added effective Jan 1, 2017	930.03	934.25	N/A
	59515	To be added effective Jan 1, 2017	1,000.00	1,290.19	N/A

Enhanced Reimbursement to Eligible Primary Care Physicians
Attachment B

Physicians attesting to eligibility under the Enhanced Reimbursements to Eligible Primary Care Physicians are applying to receive enhanced payments from the Hawaii Medicaid program. As with any claim for payment from Medicaid, the attestations are subject to audit and verification by Med-QUEST or its subcontractors. If Med-QUEST, or its subcontractor, finds a physician to be ineligible, any payments made to that physician under this program will be recovered. If a physician intentionally provides false information during the attestation process, Med-QUEST may also refer that physician to law enforcement for potential criminal and civil penalties.

The audit, or verification of attestations, may be conducted on a random sample, or may be targeted to address concerns by Med-QUEST.

The attestation is a two-part attestation, and Med-QUEST or its subcontractor, will review each part of the attestation for accuracy. A physician cannot qualify for enhanced payments by satisfying only one of attestation requirements.

Part I - Practicing in an eligible specialty

A physician must first attest to practicing in Family Medicine, General Internal Medicine, Pediatric Medicine, or Obstetrics and Gynecology, or a subspecialty of Family Medicine, General Internal Medicine, Pediatric Medicine, or Obstetrics and Gynecology recognized by the American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), or the American Board of Physician Specialties (ABPS). For a list of subspecialties, review publications from these organizations.

If a physician is not practicing in one of the eligible specialties or subspecialties, they are not eligible for the enhanced payments, and should not complete an attestation.

Med-QUEST, or its subcontractor, may use a number of sources to help determine a physician's practicing specialty, including how the physician presents his specialty to the community. Those sources may include, but are not limited to: advertisements, provider directory listings, credentialing information, provider taxonomy code selection, physician social media, and public statements or representations about practicing specialty.

Part II - After successfully attesting to an eligible practicing specialty, a physician must also attest to either:

- **Board Certification**

A physician practicing in one of the eligible specialties must attest to currently being board certified in one of the eligible specialties, or a subspecialty of one of the eligible specialties as recognized by the ABMS, AOA, or ABPS.

Med-QUEST, or its subcontractor, may verify board certification with the certifying board, proof of certification submitted during application and credentialing, or third party verification services.

OR

