

Statement of Public Notice
Increased Medicaid Payment for Primary Care Services - CMS 2370-F

The State of Hawaii, Department of Human Services (DHS), hereby notifies the public that it intends to seek approval from the Centers for Medicare & Medicaid Services (CMS) for a State Plan Amendment (SPA) to increase Medicaid reimbursement to primary care physicians for certain primary care services.

For the purposes of this SPA, eligible primary care physicians are considered those who:

- 1) Self-attest to practicing in family medicine, internal medicine, or pediatric medicine, and to subspecialists of those specialties as recognized by the American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), or American Board of Physician Specialties (ABPS); and
- 2) Are either board certified in that specialty or had 60 percent of their last calendar year's Medicaid claims for Evaluation and Management and vaccine administration codes specified below.

DHS will perform verification of self-attestation on a sample of physicians.

The primary care services covered under this SPA are Evaluation and Management codes 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473, or their successor codes, that are covered by the Hawaii Medicaid program with a date of service between January 1, 2013 and December 31, 2014.

The increased reimbursement rates will be 100% of the Medicare rates as of January 1, 2013 and January 1, 2014 for the entire respective calendar years or based on the 2009 conversion factor, whichever is higher. Office or facility rates will be paid as applicable. Services provided at a Federally Qualified Health Center or Rural Health Clinic are not eligible for increased reimbursement. Services provided by non-physician professionals under the supervision of an eligible physician are eligible for increased reimbursement at the same percentage of the physician's reimbursement as was in effect on July 1, 2009.

DHS anticipates that the increased reimbursement for the Medicaid fee-for-service (FFS) and managed care programs (e.g. QUEST and QExA) will occur quarterly in lump sum payments. Supplemental payments to physicians for services provided through the managed care programs would be calculated quarterly using each health plan's encounter data and paid separately by each health plan. DHS would fund the health plans for these supplement payments on a non-risk basis. Payments in the FFS program will be calculated using a similar methodology with claims instead of encounter data, and lump sum quarterly payments will be made directly to physicians.

Effective January 1, 2015, this increased reimbursement will sunset, and the reimbursement rates will return to those in effect on December 31, 2012.

DHS will issue more specific guidance to physicians through a memo. Please call the MQD Provider Hotline at 808-692-8099 should you have questions about this SPA.