

Lansing State Journal

LOCAL & STATE

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Proposal would pay doctors more to accept Medicaid

Increase in reimbursement rate to encourage preventative care

ASSOCIATED PRESS

The state could soon start paying doctors about 30 percent more for wellness checks and physical examinations for children and adults covered by Medicaid in an effort to reduce more serious and costly health problems later on.

As part of budget negotiations for the 2007 fiscal year, the plan would increase reim-

bursement rates to give more doctors incentive to provide preventative care.

The added \$16.6 million cost would be covered by budget cuts elsewhere in the Medicaid budget, said T.J. Bucholz, a spokesman for the Department of Community Health. The department will up its pursuit of payments by other insurers and attempt to reduce errors in determining who's eligible the

program, Bucholz told Booth Newspapers.

For a head-to-toe physical for new patients 1 to 4 years old, Medicaid would pay \$77, up from about \$59, Blue Cross Blue Shield currently reimburses doctors about \$129.

Reimbursement for physicals for new adult patients would jump from \$80 to \$104.

New rates?

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reil said. "Rates are so far below the standard rate that even with the increase, it may not be enough to bring the Medicaid rate in line."

necessary trips to expensive hospital emergency rooms, said state Rep. Bruce Caswell, R-Hillsdale, chair of the appropriations subcommittee on community health.

The increase won't cover all expenses, but preventive care could help patients, said Dr. Paul O. Farr, a Grand Rapids gastroenterologist and president of the Michigan State Medical Society.

"If you have to put it on only one thing, it should be where you can prevent the big expenses later — treating hypertension and high cholesterol, preventing smoking," Farr said.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

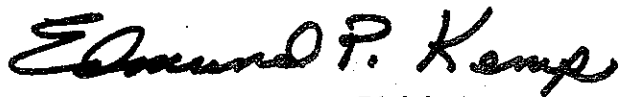
NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division
Bureau of Medicaid Policy and Actuarial Services

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|-----------------|---------|---------------|-----------------|--------------------------|-----------------|
| Project Number: | 0645-FS | Comments Due: | October 1, 2006 | Proposed Effective Date: | October 1, 2006 |
|-----------------|---------|---------------|-----------------|--------------------------|-----------------|

Mail Comments to: John Kowalski
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Policy Subject: Increased Fee Screens for Preventive Medicine Visits and Specific Newborn Care Codes

Affected Programs: Medicaid, Adult Benefits Waiver, CSHCS

Distribution: Practitioners, Federally Qualified Health Centers, State Psychiatric Hospitals, Local Health Departments, Medicaid Health Plans, Mental health and Substance Abuse, Rural Health Clinics, Tribal Health Clinics

Policy Summary: Fee screens for preventive medicine visits and specific newborn care procedures will be increased for dates of service on or after October 1, 2006.

Bulletin Number: MSA 06-65

Distribution: Practitioners
 Federally Qualified Health Centers
 State Psychiatric Hospitals
 Local Health Departments
 Medicaid Health Plans
 Mental Health and Substance Abuse
 Rural Health Clinics
 Tribal Health Clinics

Issued: September 1, 2006

Subject: Increased Fee Screens for Preventive Medicine Visits and Specific Newborn Care Codes

Effective: October 1, 2006

Programs Affected: Medicaid, Adult Benefits Waiver, CSHCS

This bulletin is being issued in response to Section 1636(1) of the Michigan Department of Community Health's FY 2007 budget boilerplate contained in Public Act 330 of 2006.

In response to this requirement, the department will increase Medicaid fee screens for preventive medicine visits and specific newborn care codes. Effective for dates of service on or after October 1, 2006, the following fee screen increases will be implemented:

| Procedure Code | Description | Current Fee Screen | | 10/01/06 Fee Screen | |
|----------------|----------------------------|--------------------|----------|---------------------|----------|
| | | Non-Facility | Facility | Non-Facility | Facility |
| 99381 | Prev visit, new, infant | \$58.99 | \$36.39 | \$86.72 | \$53.49 |
| 99382 | Prev visit, new, age 1-4 | \$63.51 | \$41.55 | \$93.36 | \$61.08 |
| 99383 | Prev visit, new, age 5-11 | \$62.22 | \$41.55 | \$91.46 | \$61.08 |
| 99384 | Prev visit, new, age 12-17 | \$67.60 | \$46.94 | \$99.37 | \$69.00 |
| 99385 | Prev visit, new, age 18-39 | \$67.60 | \$46.94 | \$99.37 | \$69.00 |
| 99386 | Prev visit, new, age 40-64 | \$79.66 | \$57.49 | \$117.10 | \$84.51 |
| 99387 | Prev visit, new, 65 & over | \$86.34 | \$62.87 | \$126.92 | \$92.42 |

| Procedure Code | Description | Current Fee Screen | | 10/01/06 Fee Screen | |
|----------------|------------------------------|--------------------|----------|---------------------|----------|
| | | Non-Facility | Facility | Non-Facility | Facility |
| 99391 | Prev visit, est, infant | \$44.78 | \$31.22 | \$65.83 | \$45.89 |
| 99392 | Prev visit, est, age 1-4 | \$50.16 | \$36.39 | \$73.74 | \$53.49 |
| 99393 | Prev visit, est, age 5-11 | \$49.52 | \$36.39 | \$72.79 | \$53.49 |
| 99394 | Prev visit, est, age 12-17 | \$54.69 | \$41.55 | \$80.39 | \$61.08 |
| 99395 | Prev visit, est, age 18-39 | \$55.33 | \$41.55 | \$81.34 | \$61.08 |
| 99396 | Prev visit, est, age 40-64 | \$61.15 | \$46.94 | \$89.89 | \$69.00 |
| 99397 | Prev visit, est, 65 & over | \$67.39 | \$52.32 | \$99.06 | \$76.91 |
| 99431 | Initial care, normal newborn | \$0.00 | \$34.45 | \$0.00 | \$50.64 |
| 99433 | Normal newborn care/hospital | \$0.00 | \$18.09 | \$0.00 | \$26.59 |
| 99435 | Newborn discharge day hosp | \$0.00 | \$46.29 | \$0.00 | \$68.05 |
| 99436 | Attendance, birth | \$0.00 | \$43.71 | \$0.00 | \$64.25 |
| 99440 | Newborn resuscitation | \$0.00 | \$85.69 | \$0.00 | \$125.96 |

The new fee screens will be reflected on the appropriate October, 2006 Fee Screen Databases on the MDCH website. These fee screens are subject to future adjustment due to the adoption of relative value unit (RVU) changes issued by the Centers for Medicare and Medicaid Services (CMS).

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the changes. Any interested party wishing to comment on the changes may do so by submitting comments in writing to:

Attn: John Kowalski
MDCH
PO Box 30479
Lansing, MI 48909
Or
E-mail: Kowalski@michigan.gov

If responding by e-mail, please include "Increased Fee Screens for Preventive Medicine Visits and Specific Newborn Care Codes" in the subject line.

Comments received will be considered for revisions to the changes implemented by this bulletin.

Manual Maintenance

This bulletin may be discarded after review.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration