MEDICAID & MISSISSIPPI’S FAMILY PHYSICIANS
What is the MS Academy of Family Physicians?

How do family physicians impact Medicaid?

MISSISSIPPI ACADEMY OF FAMILY PHYSICIANS – 800 PRACTICING FAMILY PHYSICIANS

FAMILY PHYSICIANS TREAT A WIDE AGE RANGE OF PATIENTS – FROM CHILDREN TO SENIORS

FAMILY PHYSICIANS TREAT A VARIETY OF CONDITIONS - COMMON COLD, HEART DISEASE, ASTHMA, AND DIABETES
Goals for Patients

- Patients Before Paperwork
- Improve Health and Wellness
- Appropriate Utilization
- Reduce Administrative Burden

BUT………..
Managed Care Makes These Goals Difficult.

Profits always take precedent over patients and providers.

Lakeisha Chism, MD
Family Physician
Verona, MS
Medicaid Technical Amendments Law – What Works

- MCOs have to pay no less than the Medicaid rates
- Division of Medicaid is prohibited from expanding the MCO program without legislative approval
- Eliminates the cap on physician visits
- Removes the cap on prescription drugs
- Primary Care enhanced payments – change “may” to “shall”

PRIMARY CARE WITH MEDICAID is the cornerstone for state savings, because it keeps people out of the emergency rooms and hospitals
Medicaid Technical Amendments Law – What Doesn’t Work

◦ MCOs have to recognize Division of Medicaid credentialing – the MCOs shall not require providers to be credentialed by the organization in order to receive reimbursement.

◦ Medicaid’s website states, SB 2836 (2018) “prohibits the CCOs from requiring its providers to be credentialed by the organization and requires that the CCOs recognize the credentialing of the providers by DOM.”
Medicaid Technical Amendments Law – What Doesn’t Work

- During a deficit in Division of Medicaid’s fiscal-year budget, the Governor is allowed to implement any cost-containment policies deemed necessary, like: (a) reducing or discontinuing optional services, (b) reducing reimbursement rates, and (c) imposing additional assessments to hospitals.

- If any changes to the program result because of a deficit, it should be reflected in the administrative part of the capitation rate and not done at the expense of patients or providers.
ISSUES THAT COULD BE ADDRESSED DURING THE 2021 LEGISLATIVE SESSION
PROVIDERS NEED:
STREAMLINED CREDENTIALING
PROVIDERS NEED:
TRANSPARENT PRIOR AUTHORIZATION REQUIREMENTS
PROVIDERS NEED:
IMPROVED
PEER TO PEER REVIEWS
PROVIDERS NEED:
STREAMLINED CLAIMS PROCESSING AND PAYMENTS
PROVIDERS NEED:
PERMANENT ENHANCED PRIMARY CARE PAYMENTS
QUESTIONS