

April 27, 2020

Honorable Tate Reeves (governor@govreeves.ms.gov)
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Mr. Drew Snyder (Drew.Snyder@medicaid.ms.gov)
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Dear Governor Reeves and Director Snyder:

Thank you for all of the efforts and leadership you have undertaken to help Mississippians and Mississippi's healthcare workforce to combat the Novel Coronavirus, and the disease it causes, COVID-19.

Physicians and healthcare providers in Mississippi are dealing with this crisis with a firm resolve, spirit of volunteerism, and a desire to live up to the 'superhero' status suddenly bestowed upon us in social media.

Mississippi's medical workforce is hardworking and highly qualified; however, we are not superheroes. Many of us are self-employed or work in small businesses that operate with razor-thin margins. Even if a corporate entity employs one of us, we still must keep a constant watch on productivity and overhead to maintain our viability.

Recently the Federal Government announced that CMS would expand the Medicare Accelerated and Advanced Payment Program to protect the financial viability of practices facing adversity during the pandemic. However, pediatric practices may not be eligible for these payments as their Medicare population is very small or possibly nonexistent.

These practices see many of Mississippi's Medicaid population, however. If there were payments from Medicaid or Medicaid MCOs similar to those from Medicare, it would facilitate us being able to maintain viability to care for many of Mississippi's most vulnerable patients (for instance, pregnant women, infants, children, those in nursing homes and the disabled). We understand that there may be funds forthcoming in future funding, but until then we wish to emphasize the financial vulnerability of this vital group of healthcare providers and the need for financial assistance.

Furthermore:

Visits Via Telephone: We appreciate all that you have done to accommodate our citizens' ability to access healthcare via telehealth (audiovisual visits). Many of our rural patients are unable to complete a telehealth visit via synchronous audiovisual connection. Due to technological or knowledge barriers, they can complete an audio-only appointment, but not an audiovisual appointment. We understand that the ability to inspect the patient visually enhances the visit, but also want to underscore the benefit in discussing a patient's complex conditions via telephonic care *while still coding the more appropriate 99212, 99213 and above visit*. We ask for your consideration of these circumstances.

Wellness exams for children (EPSDT - Early Prevention Screening Diagnosis and Treatment - wellness visits for our citizens, including immunizations and screenings) visits continue for many children. Mississippi is a national leader in ensuring that the [Bright Futures](#) guidelines are followed by physicians taking care of our most vulnerable citizens. Thank you for recognizing the importance of these visits! Physicians who perform these visits do not wish to see a resurgence in vaccine-preventable diseases such as Pertussis (whooping cough), Measles, or other serious vaccine-preventable diseases. However, many EPSDT visits are being deferred if there is not an immunization due at the time. There are problems with delaying EPSDT visits; the following is an enumeration of those concerns:

1) children not in school are unseen by helping adults, so neglect, malnutrition, and child abuse may be occurring while the child is unobserved. Parents are suffering from extraordinary stressors due to job loss or working from home while caring for small children.

2) the Coronavirus epidemic appears to be a long-term problem, and the policy of merely deferring EPSDT visits by a few weeks will not work. Anticipatory guidance (i.e., how to prevent illness or injury) cannot wait for this to be over. Children develop and evolve at a rapid rate, changing daily. We cannot sacrifice safety for children during the pandemic.

3) there is insufficient PPE to justify accomplishing these wellness visits in the offices currently, even if the waiting room can be kept empty and infection control procedures followed perfectly. Families should be kept at home if possible.

4) the wave of 'catch-up' EPSDT exams when the pandemic is over will be overwhelming to the workforce as it is. School physicals, immunizations, infant checkups, sports physicals, etc. are usually distributed throughout the year. The further behind we fall, the more likelihood there will be of a child falling through the cracks and serious preventable illness occurring.

It is for the reasons enumerated above that we ask that Mississippi Medicaid and our Medicaid MCOs reimburse:

-EPSDT (wellness) visits via telehealth at the same rate of reimbursement as an in-person visit (99381EP-99385EP initial and 99391EP-99395EP subsequent).

-EPSDT codes simultaneously with Evaluation and Management (E/M) codes, as long as the provider uses proper documentation procedures and modifiers.

-Bright Futures (Wellness visit procedures and screenings) via telehealth the same as an in-person visit.

-CPT codes for nurse phone care and case management services provided by office staff.

-telephonic visits (audio only) as if they were telehealth (audio/visual) visits as the video component may be impossible for many patients.

-Complicated (99214 and 99215) E/M visits via telehealth *the same as in-person* visits. It is noted as of 4/15 the [FAQ](#) list on the Medicaid website which allows these visits if proper documentation and coding is followed - thank you - we wish to reinforce the importance of these visits.


While doing this, we ask you to allow your workforce *flexibility and creativity* in the delivery of vaccines and other in-person procedures (i.e., curbside, nurse-only, delayed, or subsequent visits). Neighboring states are recognizing the importance of these wellness visits via telehealth and reimbursing for them ([Tennessee](#)).

The final area of concern from your Mississippi physician workforce is one of **credentialing**. Medicaid physicians who seek to care for our citizens must wait many weeks and even months to receive proper credentialing from the MCOs, which significantly delays access to care. We ask


Medicaid to follow the intention of the 2018 Medicaid Technical Amendments Law, which allowed for universal credentialing through the Division. We also ask that Medicaid providers wishing to practice at new or different physical sites, please be allowed credentialing once through Medicaid, which would suffice for the CANs as well.


Mississippi physicians are not only your front-line warriors but also your final line of defense in this battle. Please assist your primary-care physicians in holding the line to protect our citizens and children, guarding against the social determinants of health, which you have observantly noted are particularly crucial in Mississippian's susceptibility from this viral scourge. We will continue to work with you and support you in this multidisciplinary and all-out effort.

Sincerely,


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