pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
January 22, 2013	January 1, 2013	31-13-11

SUBJECT	BY
Medical Assistance Program Fee Increase for Select Primary Care Services and Physician Attestation Form	Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this Medical Assistance (MA) Bulletin (bulletin) is to inform MA Program enrolled physicians of the requirements to qualify for increased fees for primary care services for Calendar Years (CY) 2013 and 2014, under both the MA fee-for-service and managed care delivery systems.

SCOPE:

This bulletin applies to all MA enrolled physicians (PT 31) who render primary care services to MA beneficiaries in the MA fee-for-service (FFS) (including ACCESS Plus), and managed care delivery systems. This bulletin does not apply to physicians who are not enrolled in the MA Program.

BACKGROUND/DISCUSSION:

Section 1202 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152) (collectively the ACA), and implementing federal regulations require state Medicaid programs to pay increased fees for primary care services to qualifying physicians that are no less than the Medicare rates in effect in CY 2013 and 2014, or if greater, the rates that would be applicable in those CYs using the CY 2009 Medicare physician fee schedule (MPFS) conversion factor (CF). As specified in federal regulations, only Healthcare Common Procedure Coding System (HCPCS) Evaluation and Management (E&M) procedure codes 99201 through 99499 and Current Procedural Terminology (CPT) vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474, or their successor codes, qualify for the increased fees. Providers may view the federal implementing regulation by accessing the following website link: http://www.gpo.gov/fdsys/pkg/FR-2012-11-06/pdf/2012-26507.pdf.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at
http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm

States are required to pay increased fees for the specified E&M and vaccine administration procedure codes to the extent covered by the State when furnished by a physician, or under the personal supervision of a physician, with a specialty designation of family medicine, general internal medicine or pediatric medicine recognized by the American Board of Physician Specialties (ABPS), the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA).

To qualify for the increased fees, a physician must be enrolled in the MA Program as a physician (PT 31) with a specialty of family medicine (PS 316), internal medicine (PS 322) or pediatric medicine (PS 345). Physicians must also self-attest to a specialty or subspecialty designation of family medicine, general internal medicine or pediatric medicine recognized by the ABPS, the ABMS, or the AOA; and that

a) He or she is board certified with a specialty or subspecialty of family medicine, general internal medicine or pediatric medicine or a subspecialty recognized by the ABMS, the ABPS or the AOA; or

b) At least 60% of the physician's billings for services rendered to Medicaid beneficiaries were for the E&M services and/or the vaccine administration codes, or their successor procedure codes, designated by the Centers for Medicare & Medicaid Services (CMS).

States are not required to cover procedure codes that they did not previously cover. The MA Program does not cover any of the vaccine administration procedure codes and some of the E&M procedure codes identified as primary care services in the implementing federal regulation. The Department of Public Welfare (Department) will issue another MA Bulletin with additional information, including the list of procedure codes subject to the increased rate and the increased rates.

PROCEDURE:

A. UPDATING THE ENROLLMENT FILE (IF NECESSARY)

If you are not already enrolled as a physician (PT 31) with one of the three specified provider specialties, you must update your enrollment information to include a specialty of family medicine (PS 316), internal medicine (PS 322) or pediatric medicine (PS 345) to qualify for the increased fees. To add or change your Provider Specialty (PS) designation, you must send a letter on your office letterhead to the Office of Medical Assistance (OMAP) Fee-for-Service Provider Enrollment Unit. Your letter must include your 13-digit provider ID and a list of the specialties you would like to add, change, or remove. A change in your specialty designation can take 60 days or more to process.

B. COMPLETING THE ATTESTATION FORM

1) IF YOU ARE BOARD CERTIFIED YOU MUST:

- Complete and submit a signed Attestation Form attesting that you practice in one of the specialties or sub-specialties of family medicine, internal medicine or pediatric medicine and are certified by either the ABPS, ABMS, or AOA in one of the above three specialties or one of the sub-specialties recognized by the board and indicate the effective date and expiration date of your board certification.

- Provide a copy of your current board certification in family medicine, internal medicine or pediatric medicine as granted by the ABPS, the ABMS or the AOA to the OMAP Fee-for-Service Provider Enrollment Unit as specified below.

  You may submit a copy of your board certification along with your completed Attestation Form or you may submit it separately. If you submit your board certification information separately, you will be eligible for the increased fees based upon your attestation, provided that your board certification information is received no later than December 31 of the CY in which you are attesting. If you fail to submit a copy of your board certification on or before December 31, the Department will recover any increased fees paid to you during the CY.

  In submitting your board certification, you must print or type the following information directly on each certification document:

  - provider name
  - 13-digit provider numbers (service locations that apply)
  - corresponding Provider Type (PT) and Provider Specialty (PS)

  You must submit a copy of your board certification to the OMAP Fee-for-Service Provider Enrollment Unit even if you already provided it to a Managed Care Organization.

  If you attest to being board certified and the copy of the board certification confirms that your board certification is valid through December 31, 2014, you will continue to be eligible for the enhanced primary care payment rates in 2014. If the board certification expires prior to the end of 2014, you must submit a new attestation and updated board certification to continue to qualify for the increased primary care payments.

2) **IF YOU ARE NOT BOARD CERTIFIED YOU MUST**:

Complete and submit a signed Attestation Form annually (for CY 2013 and 2014) attesting that:

1. You practice in one of the specialties or subspecialties of family medicine, internal medicine or pediatric medicine; and

2. At least 60% of your billings for services rendered to Medicaid beneficiaries were for the E&M services and/or the vaccine administration codes, or their successor procedure codes, designated by CMS.

In attesting that you qualify for the increased fees under this criterion, note that:

- If you were enrolled as an MA provider for the entire previous CY, you are attesting that at least 60% of Medicaid-billed codes during the entire previous calendar year are qualifying E&M and/or vaccine administration codes.

- If you have been enrolled as an MA provider for one full calendar month or more, but less than the full calendar year, during the previous CY, you are attesting that at least 60% of Medicaid-billed codes from your enrollment date to the end of the previous calendar year are qualifying E&M and/or vaccine administration codes.

- If you have been enrolled as an MA provider for less than one full calendar month, or if you enroll as an MA Provider during 2013 or 2014, you must submit claims to the MA Program for a minimum of one full calendar month before submitting an Attestation Form. You are attesting that at least 60% of Medicaid-billed codes billed from your enrollment date through the current CY month of the date in which you attest are qualifying E&M and/or vaccine administration codes. If you have been enrolled as an MA provider for one full calendar month or more, but less than the full calendar year during the previous CY, you are attesting that at least 60% of Medicaid-billed codes from your enrollment date to the end of the current calendar month are qualifying E&M and/or vaccine administration codes.

In determining whether you meet the 60% threshold, do not include the toxoid vaccine procedure codes currently used under the MA Program for purposes of vaccine administration payment as these codes are not included in CMS' list of qualifying primary care services procedure codes.

If you attest to the 60% threshold for CY 2013, you must submit a new Attestation Form in 2014 to be eligible for the increased fees in CY 2014.

A copy of the Attestation Form is attached to this MA Bulletin and is available at the Department of Public Welfare's (Department) website at http://www.dpw.state.pa.us/provider/index.htm. Please select "ACA Physician Fee Increases for Primary Care Services" from the Helpful Links for Providers menu.

TIMEFRAME FOR SUBMISSION OF DOCUMENTS

As noted above, to qualify for the increased fees, you must:

- Be enrolled in the MA Program as a physician (PT 31) with a specialty of family medicine (PS 316), internal medicine (PS 322) or pediatric medicine (PS 345); and
- Submit an Attestation Form;
- Submit a copy of your Board Certification if you are attesting that you are Board Certified.

If you need to update your enrollment file to include one or more of these specialty designations, you should send the OMAP Fee-for-Service Provider Enrollment Unit a letter as soon as possible. The Department will not pay the increased primary care service fee for your claims unless and until your enrollment file is updated with the required specialty designation.

Whether or not you need to update your enrollment information, you should submit your Attestation Form to OMAP as soon as possible. If you attest to the 60% threshold for CY 2013, you must submit a new Attestation Form in 2014 to be eligible for the increased fees in CY 2014. The Department will not pay the increased primary care service fee in CY 2014 for your claims unless and until you have submitted a properly completed and signed Attestation Form.

As noted above, you must submit a copy of your board certification no later than December 31 of the CY in which you are attesting. If the board certification information you submitted for CY 2013 confirms that your board certification is valid through December 31, 2014, you do not need to submit a copy of your board certification in CY 2014.

RETROACTIVE PAYMENT ADJUSTMENTS

If you do not need to update your specialty designation, you MUST submit Attestation Forms to the OMAP Fee-for-Service Provider Enrollment Unit NO LATER THAN April 1, 2013, to be considered for retroactive claim adjustments for dates of service beginning January 1, 2013. If the OMAP Fee-for-Service Provider Enrollment Unit receives the Attestation Form on or after April 2, 2013, the Department will only pay

the primary care services rate for dates of service beginning with the date the Attestation Form is received by the OMAP Fee-for-Service Provider Enrollment Unit.

PROCESS FOR SUBMISSION OF DOCUMENTS:

Provider enrollment updates, Attestation Forms and board certification may be submitted via any one of the following options:

- ePEAP: Upload your board certification and/or Attestation Forms via the PROMISe provider portal's new upload feature. To upload documents, please select the "Upload PDF" entry in the ePEAP menu of your provider profile, browse for your pdf file, and select the appropriate document description.
- Email: Ra-ProvApp@pa.gov (Indicate subject as "PCP")
- Fax: (717) 772-6765 (Indicate "PCP" in fax cover sheet subject line)
- Mail: DPW/OMAP/BFFSP
  Attention: Provider Enrollment Unit/PCP
  PO Box 8045
  Harrisburg, PA 17105-8045

ATTACHMENT: PCP Attestation Form