

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201255 DECEMBER 27, 2012



Physician Self-Attestation Process for Primary Care Payment Increase

As previously announced in [BT201247](#), Section 1202 of the *Affordable Care Act* (ACA) requires a temporary increase in Medicaid payments for qualifying primary care services provided by qualifying physicians for dates of service in calendar years (CYs) 2013 and 2014. The federally funded, temporary rate increase is authorized only for these two calendar years, after which the rate structure will return to its existing level, pending no other federal action. Qualified services paid on a fee-for-service (FFS) basis, as well as those paid by managed care entities (MCEs), may be eligible for the temporary rate increase.

For qualifying primary care services furnished by self-attested qualifying providers, the ACA implements increased payments using two methods. First, Medicaid payment rates will not be less than the Medicare rates in effect in CY 2013 and CY 2014, or, if greater, the payment rates that would be applicable in those years using the CY 2009 Medicare physician fee schedule conversion factor. Second, the Vaccine for Children (VFC) vaccine administration fee will be the lesser of the CY 2013 or CY 2014 Medicare rate or the maximum regional VFC amount in those years. This bulletin provides instructions on how qualifying physicians, both managed care and FFS, may self-attest for the ACA primary care payment increase.

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Effective date of increased payments:

Providers are reminded that generally, the effective date for the increased payment cannot be earlier than the date the self-attestation is received. However, the Centers for Medicare & Medicaid Services (CMS) is allowing states to permit self-attestations received by the state anytime in January 2013 to be retroactively effective to January 1, 2013. Therefore, *self-attestations received from January 1, 2013 through January 31, 2013 will be made effective back to January 1, 2013. Self-attestations received after January 31, 2013, will be effective the date received.*

Qualifying providers

The ACA establishes increased payments to physicians with a specialty designation of family medicine, general internal medicine, and pediatric medicine, and subspecialties thereof. Current IHCP-enrolled physicians in family medicine, general internal medicine, or pediatric medicine, or a subspecialty thereof, may qualify in one of two ways:

- The physician is board-certified by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA) in family medicine, general internal medicine, or pediatric medicine or a subspecialty thereof; **or**
- At least 60% of codes billed by the physician to Medicaid for the previous calendar year are qualifying evaluation and management (E/M) codes (Indiana Health Coverage Programs [IHCP]-covered codes in the range 99201 through 99499) and/or vaccine administration codes (90471 through 90474).

Physicians who enroll in the IHCP during CY 2013 or CY 2014 who self-attest as eligible within one of the specialties (family medicine, general internal medicine, and pediatric medicine) or recognized subspecialties, but who are not board-certified, may qualify if at least 60% of codes billed to Medicaid in the prior month are qualifying E/M and vaccine administration codes. *Newly enrolled physicians during CY 2013 and CY 2014 cannot self-attest until at least one month after enrolling as an Indiana Medicaid provider.*

Self-Attestation Process for Qualifying Board-Certified Physicians

Qualifying board-certified physicians enrolled with the IHCP in family medicine, general internal medicine, or pediatric medicine, or a subspecialty thereof, may self-attest by completing the *ACA Physician Self-Attestation Form* found on the [Forms](#) page at indianamedicaid.com. Providers must identify the following:

- Which board (the American Board of Medical Specialties, the American Board of Physician Specialties, or the American Osteopathic Association) has granted the certification;
- Which specialty (family medicine, general internal medicine, or pediatric medicine) and any subspecialty thereof, applies; and
- The effective date and end date of their certification.

Additionally, a copy of the board certification must be submitted with the completed attestation form.

Qualification for the payment increase will end the earliest of either December 31, 2014, or the expiration date of the board certification. Therefore, physicians whose board certifications expire during the CY 2013 or 2014, must reattest for the

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program. Services provided during any lapses in time between board-certification expiration and reattestation will not be eligible for the rate increase.

If board certification is lost, the provider must notify HP Provider Enrollment within 10 days. In such case, qualification for the increased payment will end on the date the certification was rescinded by the certifying board.

Self-Attestation Process for Qualifying Nonboard-Certified Physicians with 60% of Medicaid-Billed Codes

Nonboard-certified physicians with a specialty designation of family medicine, general internal medicine, or pediatric medicine, or a subspecialty thereof, who have furnished E/M and vaccine administration codes that equal at least 60% of Medicaid codes billed during the most recently completed calendar year (or prior month for newly enrolled physicians) may self-attest as qualifying for the increased payments by completing the *ACA Physician Self-Attestation Form* found on the [Forms](#) page at indianamedicaid.com. Providers who self-attest as qualifying under this option are *required to attest each calendar year* the ACA physician rate increase is in effect, that is, calendar year 2013 and 2014.

Under this option, current IHCP-providers who were enrolled as Indiana Medicaid providers for the entire previous calendar year qualify if they can attest that at least 60% of Medicaid-billed codes during the entire previous calendar year are qualifying E/M and vaccine administration codes. Current IHCP providers who enrolled as Indiana Medicaid providers during the previous calendar year qualify if they can attest that 60% of billed Medicaid codes are qualifying E/M and vaccine administration codes from enrollment date to the end of the previous calendar year. Newly enrolled physicians during CY 2013 and CY 2014 cannot self-attest until at least one month after enrolling as an Indiana Medicaid provider.

Providers who self-attest as qualifying by the 60% of Medicaid billed codes condition are *required to attest each calendar year* the ACA physician rate increase is in effect. Therefore, for those physicians who self-attest during CY2013, qualification for the increased payment will end December 31, 2013, and reattestation is required for CY 2014. Services provided during any lapses in time between the end of the calendar year and reattestation will not be eligible for the rate increase.

Nonqualifying Services

Increased payment is not available for services provided by a physician delivering services under any other benefit authorized by the Medicaid act. This includes services provided in Federally Qualified Health Centers (FQHCs) and rural health clinics (RHCs), because payment for these services is made on an encounter-rate basis and is not specific to the physician services. Additionally, professional services provided in a nursing facility and reimbursed as part of a per diem rate are not eligible for the increased payment.

Validation

As required by the ACA rule, at the end of CY 2013 and the end of CY 2014, the Office of Medicaid Policy and Planning (OMPP) will review a statistically valid sample of physicians who have received the increased payments to verify they are either board-certified in an eligible specialty or that 60% of claims billed are for eligible codes. All physicians who self-

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attest are subject to auditing. Physicians identified as not meeting these requirements will be removed from the program, and any increased payments they have received will be recouped.

Mailing Address

Self-attesting physicians must submit the completed self-attestation form (including signature page) and, if applicable, a copy of their current board certification, to the HP Provider Enrollment department at the following address:

HP Provider Enrollment
P.O. Box 7263
Indianapolis, IN 46207-7263

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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