



TO: Physicians, Physician Assistants, Advance Practice Registered Nurses (APRN), and Nurse-Midwives

RE: Implementation of Enhanced Payments for Primary Care Services – Update to PB 2013-08

The Department is ready to implement the increased payments for Primary Care Services. This is pursuant to the Enhanced Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration Initiative authorized by section 1202 of the federal health reform law, the Patient Protection and Affordable Care Act (ACA). In accordance with federal requirements and as outlined in PB 2013-08, this initiative provides increased payments for specific primary care services, with dates of service in 2013 and 2014, when provided by or under the supervision of a physician deemed to be a primary care provider.

Eligible Providers and Initiation of Claims Processing for Enhanced Fees

Please refer to the Important Message “2013 Primary Care Physician Rate Increase” on the www.ctdssmap.com home page for the most up-to-date information regarding eligible providers and the attestation process. Letters were mailed out on June 19, 2013 and June 20, 2013, by the Department, via HP Enterprise Services (HP), to providers who had attested between January 18, 2013 and June 11, 2013, notifying them either of an approval or denial based on provider eligibility criteria provided via the Connecticut Self-Attestation process.

For those providers who received an approval letter, no further action is required, unless there is a change in practice type (*i.e.*, no longer practicing primary care) or a need to update information related to the supervision

of mid-level practitioners. These providers will begin to receive enhanced payments for any claims submitted on or after July 1, 2013. Claims will pay based on the enhanced fees for eligible CPT codes (see below for more information) and for eligible dates of service as noted in providers’ approval letters.

Denial letters include the reason(s) for the denial and instructions for correcting any potential errors. For additional instructions on correcting errors, if appropriate, please refer to the Important Message “How to Submit Primary Care Physician Rate Increase Attestation Corrections” located on the www.ctdssmap.com Web site home page.

Eligible providers who have not yet requested the enhanced reimbursement by self-attesting may still do so through the Connecticut Self-Attestation link on the Connecticut Medical Assistance Program Web site. From the Home Page click on the Important Message titled “2013 Primary Care Physician Rate Increase,” then click on the link contained with the document. Providers may also access the link at:

<http://www.surveymonkey.com/s/2013selfattestation>

Providers needing to update or correct information after receiving a denial letter must also access the Connecticut Self-Attestation link and answer all questions completely. **If the update or corrections are submitted within 60 days of the date on the**



denial letter, the effective date for the enhanced rate will be determined using the date of the initial attestation. If the update or correction is received after 60 days from the date on the denial letter, the effective date will be the date of the update/correction. The effective date for providers attesting for the first time after March 31, 2013 will be the date of the initial attestation

Reprocessing of Previously Submitted Claims

Providers will not need to resubmit claims in order to receive increased payments for eligible services retroactive to the approved attestation date. All previously paid claims for eligible services submitted by eligible approved providers for dates of service on or after their approved effective date will be automatically identified and reprocessed by HP. All eligible claims will be adjusted in a special claim cycle scheduled for September 13, 2013. Providers will also be notified of the reprocess via remittance advice banner message. The Department expects that additional reprocessing will be scheduled as part of regular claim cycles after September to accommodate claims for providers who attest later in time.

Eligible claims are defined as claims submitted by approved providers, for dates of service on or after the provider's approved effective date, for procedure codes identified under the ACA Section 1202 for all Connecticut Medical Assistance Programs.

Primary Care Medical Home (PCMH) providers who are also approved for the primary care services enhanced rate will be paid the PCMH add-on fee in addition to the primary care services enhanced rate payment. The PCMH add-on fee will be calculated based on the rate on the current physician

office and outpatient fee schedule and then separately added to the enhanced rate.

The 2013 Fee Table for ACA Section 1202 Increased Payments for Services Furnished by Certain Primary Care Physicians

A 2013 Fee Table listing the CPT codes eligible under ACA Section 1202 *Increased Payments for Services Furnished by Certain Primary Care Physicians* with the total payment amounts is posted on the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this web page, go to "Provider", then to "Provider Fee Schedule Download", then to "Fee Schedule Instructions."

As required under ACA Section 1202, the 2013 Fee Table is based on the Medicare Part B fee schedule rates using the Medicare physician fee schedule rate in calendar year 2013 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. The Department used the January 2013 Medicare rates in conjunction with the 2009 conversion factor to develop the Fee Table for calendar year 2013. Comparable Medicare data will be utilized to develop the Fee Table for calendar year 2014. Rates for the 2014 Fee Table will be calculated and posted on or about January 2014. The Department will not adjust the 2013 or 2014 Fee Table to account for any mid-year changes in Medicare rates.

For all other services not eligible for increased payments under ACA Section 1202, please continue to access the physician office and outpatient fee schedule. Access and download the physician office and outpatient fee schedule by going to the Connecticut Medical Assistance Web site:



www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, then to the “Physician Office and Outpatient” fee schedule. To access the CSV file press the control key while clicking the CSV link, then select “Open”.

For questions about:

Eligible Providers and Claims Processing:

Please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

