



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

RE: Enhanced Payments for Primary Care Services

Q & A: Calendar Years 2013 and 2014 – Enhanced Payments for Primary Care Physician’s Services

In accordance with the federal health reform law, the Patient Protection and Affordable Care Act (ACA), certain primary care providers are eligible to receive increased Medicaid payments for primary care services provided to Medicaid eligible individuals. Such providers must be enrolled as Connecticut Medicaid providers in order to receive these enhanced payments. If you are not currently enrolled, please call the Provider Assistance Center at 1-800-842-8440 or visit <http://www.ctdssmap.com> for more information on Medicaid provider enrollment.

Who is eligible for increased reimbursements?

Primary care physicians must self-attest to practicing in one or more of the following specialties recognized by the American Board of Medical Specialists (ABMS), the American Board of Physician Specialists (ABPS), or the American Osteopathic Association (AOA):

- Pediatric medicine;
- Family Medicine;
- Internal Medicine; or
- Subspecialists within one or more of the specialties listed above.

To qualify, the primary care physician must attest either that:

- He or she is board certified in a specialty or subspecialty listed above; or
- He or she works in the community and practices primary care and 60% of billed

Medicaid codes are comprised of qualifying Evaluation and Management (E&M) and vaccine administration codes (specific codes listed below).

Which primary care services will be paid at the higher rate?

Evaluation and Management (E&M) codes 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473, 90474 or their successor codes will be paid the higher rate if they are on the Medicaid fee schedule. All codes will continue to pay according to current Medicaid policy.

Do primary care services delivered by mid-level/non-physician practitioners qualify for the enhanced payment?

Due to strict requirements of federal law and regulations, Nurse Practitioners, Physician Assistants and other mid-level practitioners who practice primary care (certain certified nurse-midwives) may receive the higher payment for primary care services **ONLY** if the service is rendered under the **personal supervision** of a qualifying physician. The expectation under the federal requirements is that the physician assumes professional responsibility for the services provided under his or her supervision. This would mean that the physician is legally liable for the quality of services provided by the practitioners he or she is supervising. If not, the practitioner would be viewed as practicing independently and would not be eligible for the higher payment because the services would not be within the Physician’s Services Medicaid benefit



category, which is the only benefit category eligible for enhanced payments.

Non-physician practitioners and other mid-level practitioners will need to attest they are working under the personal supervision of a physician who qualifies for the enhanced payment. Their supervising physician must ALSO complete a separate Self-Attestation. Enhanced payment will not be available for primary care services provided by Nurse Practitioners and other mid-level practitioners until both the practitioner and the supervising physician complete the self-attestation.

What does it mean to have a ‘specialty designation’ in one of the specialties or subspecialties listed above?

You have a ‘specialty designation’ in one of the listed specialties or subspecialties if you are either Board-certified in that specialty, or if you practice in that specialty within the community. For example, you may be Board certified in a non-eligible specialty such as surgery or dermatology, but practice within the community as a family practitioner. If your Board certification is in a non-eligible specialty, you may only be eligible for the primary care rate increase if a review of your billing determines that at least 60% of the Medicaid codes billed for the most recently completed calendar year were for qualifying Evaluation and Management (E&M) and vaccine administration codes.

The following is a list of Board certification specialties and subspecialties that may qualify for the enhanced reimbursement:

ABMS

American Board of Medical Specialists

Family Medicine: Adolescent Medicine; Geriatric Medicine; Hospice and Palliative Medicine; Sleep Medicine; Sports Medicine

Internal Medicine: Advanced Heart Failure and Transplant Cardiology; Cardiovascular Disease; Clinical Cardiac Electrophysiology; Critical Care Medicine; Endocrinology, Diabetes and Metabolism; Gastroenterology; Geriatric Medicine; Hematology; Hospice and Palliative Medicine; Infectious Disease; Interventional Cardiology; Medical Oncology; Nephrology; Pulmonary Disease; Rheumatology; Sleep Medicine; Sports Medicine; Transplant Hepatology

Pediatrics: Adolescent Medicine; Child Abuse Pediatrics; Developmental-Behavioral Pediatrics; Hospice and Palliative Medicine; Medical Toxicology; Neonatal-Perinatal Medicine; Neurodevelopmental Disabilities; Pediatric Cardiology; Pediatric Critical Care Medicine; Pediatric Emergency Medicine; Pediatric Endocrinology; Pediatric Gastroenterology; Pediatric Hematology-Oncology; Pediatric Infectious Diseases; Pediatric Nephrology; Pediatric Pulmonology; Pediatric Rheumatology; Pediatric Transplant Hepatology; Sleep Medicine; Sports Medicine

AOA

American Osteopathic Association

Family Physicians:

Internal Medicine: Allergy/Immunology; Cardiology; Endocrinology; Gastroenterology; Hematology; Hematology/Oncology; Infectious Disease; Pulmonary Diseases; Nephrology; Oncology; Rheumatology

Pediatrics: Adolescent and Young Adult Medicine; Neonatology; Pediatric Allergy/Immunology; Pediatric Endocrinology; Pediatric Pulmonology

ABPS

*American Board of Family Medicine
Obstetrics*

Board of Certification in Family Practice



Board of Certification in Internal Medicine

What if I have a Board certification in one of the listed specialties or subspecialties, but I actually practice in a different field?

You should not self-attest to eligibility for higher payment if you do not actually practice in one of the listed primary care specialties or subspecialties.

What if I am not board-certified?

You may still be eligible if a review of your billing determines that at least 60% of your Medicaid codes billed for the most recently complete calendar year were for the E &M and vaccine administration codes specified in the Regulation (codes 99201 through 99499 and 90460, 90461, 90471, 90472, 90473 and 90474 or successor codes).

Do Physicians practicing in FQHCs and RHCs qualify for higher payment?

No. Enhanced payment is only available for the Physician's Services Medicaid benefit category. Higher payment does not apply to services provided under any other Medicaid benefit category such as Clinic, Federally Qualified Health Center (FQHC), or outpatient hospital because, in those instances, payment is made on a facility basis (and is billed by the facility) and is not specific to the physician's services.

When will the rate increase be in effect?

The ACA mandates that States pay the rate increase for services provided beginning January 1, 2013 through December 31, 2014.

When will I begin receiving the enhanced payments?

DSS is working to implement the enhanced payments as quickly as possible. Implementation will take some time because these enhanced payments require federal

approval of a Medicaid State Plan Amendment (SPA), as well as various operational changes. Physicians and mid-level/non-physician practitioners who are approved by DSS should expect to see increased payments beginning in the July – September 2013 window when DSS anticipates that the federal Centers for Medicare & Medicaid Services (CMS) will approve the State's plan to implement the primary care rate increase. These payments may be made retroactive to claims with dates of service beginning January 1, 2013 for practitioners who self-attest by March 31, 2013. (See below).

What do I have to do to receive the enhanced payments?

Physicians and mid-level/non-physician practitioners MUST REQUEST the enhanced reimbursement by self-attesting that they are an eligible provider through the Connecticut Self-Attestation link on Connecticut Medicaid's Web site. From the home page, click on the Important Message titled "2013 Primary Care Physician Rate Increase"; then click on the link contained within that document.

Physicians, non-physician practitioners and mid-level practitioners can access the link here:

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

How will eligible physician and mid-level/non-physician practitioners enroll or apply for enhanced payments?

Both sets of providers need to complete and submit the self-attestation through the link above.

When will I know if I am approved for the increase?

DSS will begin processing attestations in February 2013. You will then receive a letter

stating whether you have been approved or denied for the reimbursement increase. As required by federal law and regulations, DSS will annually conduct a review and verification of attestations. If the review determines that information provided in the attestation was incorrect or false, the enhanced payment would be subject to recoupment, recovery, and any other action authorized under the provider enrollment agreement, as well as federal and state requirements. Physicians, non-physician practitioners and mid-level practitioners must maintain documentation to validate their responses in the attestation and produce those documents if requested by DSS.

For physicians, non-physician practitioners, and mid-level practitioners who self-attest between January 18, 2013 – March 31, 2013, the effective date for the reimbursement increase will, if approved, be January 1, 2013. For approved self-attestations submitted April 1, 2013 or later, the effective date for the reimbursement increase will be the date of the self-attestation.

