
Oregon Health Plan

Increased Primary Care Reimbursement ACA Section 1202



Division of Medical Assistance Programs

February 2013

Topics

- Affordable Care Act (ACA) reimbursement requirement
- Fee-for-service rate increase
- Eligible services
- Eligible providers and provider attestation
- Plan responsibilities
- Resources and staying informed

Section 1202 – Payments to Primary Care Physicians

AFFORDABLE CARE ACT

Reimbursement requirement

Federal Affordable Care Act, Section 1202:

- Medicaid must reimburse certain primary care practitioners at higher rates for certain evaluation and management (E/M) and vaccine codes
- Medicaid must increase their administration fee for Vaccines for Children (VFC) immunizations
- Effective January 1, 2013
- Applies for calendar years 2013 and 2014

* This requirement does not change DMAP's existing FFS reimbursement for primary care providers who do not qualify for the ACA enhanced rate

Fee-for-service rate increase

For providers who qualify for the increase:

- DMAP will use Medicare's 2009 factor of \$36.0666 multiplied by the 2013 Relative Value Unit (RVU) weights for both
 - E/M rates and
 - Adult vaccine administration rates
- The rate will also incorporate aggregated Geographic Pricing Cost Indices (GPCI's)
- VFC administration fees will be \$21.96

Eligible services

CMS has established the following services for the increased rate:

- Current Procedural Terminology (CPT) E/M codes 99201 through 99499 (payable to ACA-qualified primary care providers)
- Adult vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474, or their successors (payable to ACA-qualified primary care providers)
- VFC administration: product codes billed with SL or 26 modifier (payable to all VFC providers)

* DMAP will only pay codes open for payment

PROVIDER ELIGIBILITY AND ATTESTATION

Eligible providers

Providers potentially eligible for the increased reimbursement:

- Physicians with a specialty designation of family medicine, general internal medicine, or pediatric medicine;
- Specialists and subspecialists within those designations*
- Non-physician practitioners (e.g., physician assistants and nurse practitioners) working under the direct supervision of a qualifying physician

* As recognized by American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA) or American Board of Physician Specialties (ABPS)

Qualifying for primary care provider increase

- All physicians must self-attest that they are practicing in a covered specialty or sub-specialty, and that:
 - They are Board-certified in an eligible specialty or subspecialty, or
 - 60% of their codes paid by Medicaid for the prior year* were for the primary care codes (E/M and vaccine administration)
- Physician assistants and nurse practitioners must self-attest that they are under the direct supervision of a qualifying physician as described above

* Providers who have billed Medicaid less than a year may attest regarding claims for the prior month

Determining eligible providers- some details

Only physicians who **practice** family medicine, general internal medicine or pediatric medicine or any subspecialty within these specialties are eligible. Examples:

- If a physician is Board-certified in a different specialty, but **practices** one of the qualifying specialties and meets the 60% requirement, the provider is eligible
- If the physician is Board-certified in a different specialty, but **does not practice** in one of the qualifying specialties and meets the 60% requirement, the provider is not eligible

Attestation process

- FFS providers: DMAP has developed an attestation form* for providers who bill DMAP
 - To be eligible for increased payment retroactive to Jan. 1, providers need to submit their attestation by Mar. 31
- CCO/ MCO providers: Plans will develop their own attestation process for providers on their panels who do not bill DMAP
- Providers who bill DMAP and CCO/ MCO(s): use DMAP's attestation form; DMAP will share the information reported with your Plan(s)

* <https://survey.emp.state.or.us/cgi-bin/qwebcorporate.dll?idx=PBUQJ2>

Next

DIVISION OF MEDICAL ASSISTANCE PROGRAMS

Oregon Health Authority

Oregon Medicaid Online Self-Attestation Form for Primary Care Providers
 Complete and certify this 2-page form to self-attest that you qualify for the increased reimbursement rate allowed under Section 1202 of the federal Affordable Care Act. **If you do not practice in Family Medicine, General Internal Medicine, or Pediatric Medicine, you should not self-attest.** This form works best in Internet Explorer 8 or higher.

Your practitioner type:
 Physician

Your name (Last, First MI):
 Doctor, Daniel D

Your National Provider Identifier (NPI):
 123456789

Your Oregon Medicaid ID:
 123456

Your Primary Practice Address:
 123 Main Street

Your e-mail address:
 dan.doctor@email.com

Are you Board-certified in a qualifying specialty?
 Yes

Your Tax Identification Number (9-digit EIN or SSN):
 123456789

Do you have more than one Oregon Medicaid ID?
 No

City, State, ZIP:
 Salem, OR 97301

Your telephone number (include area code):
 503-555-5555

Attestation - Answer "Yes" or "No" for the statement(s) listed below. Click the "Next" button at the top or bottom of this screen to certify and submit your attestation.

I practice Family Medicine, General Internal Medicine or Pediatrics. Yes No

I am certified by an eligible certification Board. Yes No

Select the certifying Board for your specialty: American Board of Medical Specialties (ABMS)

Enter the effective dates of your Board certification: 1/1/2013 - 12/31/2014

Do you qualify? Any "No" statement below means you do not qualify for the increase.

Yes, if you attest to Board-certification in an eligible specialty or adequate eligible codes paid by Medicaid.

No

Click "Next" to certify and submit your form

Complete all fields so we can:

- Find your provider record in our system, and
- Correctly update it to show you are ACA-qualified

Any "No" listed here means you do not qualify

How to self-attest with DMAP

Go to the online form at <https://survey.emp.state.or.us/cgi-bin/qwebcorporate.dll?idx=PBUQJ2>. **Complete all fields** so appropriate questions appear for your provider type, Board certification and/or time billing Medicaid. Click "Next" to certify your attestation.

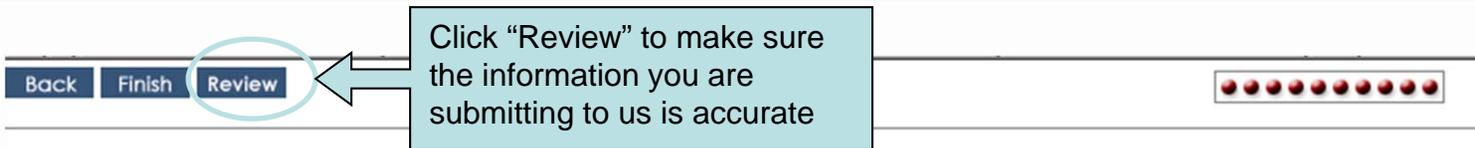


How to self-attest with DMAP, continued

The information you enter in the top half of the form determines the statements you attest to at the bottom of the form

PCP type	Additional information required*	Statement
PA or NP	Supervising physician's name, NPI and Oregon Medicaid ID	I am directly supervised by a physician who has self-attested with DMAP and qualifies for the increased fee-for-service rate.
Physician, Board-certified in primary care specialty	Certifying Board Effective dates of certification	I practice Family Medicine, General Internal Medicine or Pediatrics. I am certified by an eligible certification board.
Physician, not Board-certified in primary care specialty	Length of time billing Medicaid	I practice Family Medicine, General Internal Medicine or Pediatrics. I have rendered eligible services that equal at least 60 percent of codes paid by Medicaid for the previous <i>[calendar year or month, depending on how long you have billed Medicaid].</i> "

*All providers are required to submit their name, NPI, Oregon Medicaid ID, additional IDs if any, primary practice address, and contact information



DIVISION OF MEDICAL ASSISTANCE PROGRAMS



Certification - Please certify that each statement below is true and accurate by selecting "Yes" for each statement. Each statement must be certified for the attestation to be completed.	Do you certify?
I authorize the Oregon Health Authority's Division of Medical Assistance Programs (DMAP) to verify the information submitted in this attestation form.	Yes ▾
I certify that the information in this attestation is to the best of my knowledge true, correct, and complete. If I become aware that any information in this attestation form is not true, correct or complete, I agree to submit a new attestation to DMAP immediately.	Yes ▾
I certify that I am the individual practitioner who is attesting to eligibility for the increased payment allowed by Section 1202 of the Affordable Care Act.	Yes ▾
I understand that any intentional false statement, omission or misrepresentation of a material fact may result in recovery of funds paid for the affected dates of service that were paid as a result of such a false statement, omission or misrepresentation and may also result in prosecution under state and federal laws.	Yes ▾

You must select "Yes" for each statement before you can submit your attestation

Thank you for completing and certifying your self-attestation to DMAP. Before you submit your attestation, please **review your answers** and make any corrections you need.

How to self-attest with DMAP, continued

Read each statement on the Certification page, and select "Yes" for each statement. Click "Review" to review the information entered on your attestation.



After reviewing/
saving/ printing
your answers, click
"Complete your
attestation" to
return to the form

 [Print](#)  [Save Summary](#)  [Complete your attestation](#)

Your attestation has not been submitted. Click the "Complete your attestation" link to continue.

Your Current Responses for "Primary Care Practitioner Self-Attestation Form"

Page 1

Your practitioner type:

{Choose one}
(*) Physician
() Physician Assistant or Certified Nurse Practitioner

Are you Board-certified in a qualifying specialty?

{Choose one}
(*) Yes
() No

Your name (Last, First MI):

{Enter text answer}
[Doctor, Daniel D]

Your Tax Identification Number (9-digit EIN or SSN):

{Enter text answer}
[123456789]

Your National Provider Identifier (NPI):

{Enter text answer}
[123456789]

Your Oregon Medicaid ID:

{Enter text answer}
[123456]

Scroll down to the
bottom of the page
to review all your
answers

How to self-attest with DMAP, continued

Review all your answers on this page. You can click "Complete your attestation," then use the Back button to make corrections if needed. If your answers are correct, you can print your answers or save them as an HTML or text file.

Back **Finish** Review

Click "Finish" to submit the form

DIVISION OF MEDICAL ASSISTANCE PROGRAMS



Certification - Please certify that each statement below is true and accurate by selecting "Yes" for each statement. Each statement must be certified for the attestation to be completed.	Do you certify?
I authorize the Oregon Health Authority's Division of Medical Assistance Programs (DMAP) to verify the information submitted in this attestation form.	Yes
I certify that the information in this attestation is to the best of my knowledge true, correct, and complete. If I become aware that any information in this attestation form is not true, correct or complete, I agree to submit a new attestation to DMAP immediately.	Yes
I certify that I am the individual practitioner who is attesting to eligibility for the increased payment allowed by Section 1202 of the Affordable Care Act.	Yes
I understand that any intentional false statement, omission or misrepresentation of a material fact may result in recovery of funds paid for the affected dates of service that were paid as a result of such a false statement, omission or misrepresentation and may also result in prosecution under state and federal laws.	Yes

Thank you for completing and certifying your self-attestation to DMAP. Before you submit your attestation, please **review your answers** and make any corrections you need.

How to self-attest with DMAP, continued

Click the "Finish" button to submit your attestation. You will be directed to DMAP's ACA Primary Care Reimbursement page once you submit the form.



PLAN RESPONSIBILITIES

CCO/ MCO responsibilities

Plans are required to:

- Develop an attestation process for providers who do not bill DMAP
- Reimburse their panel providers according to this rule
- Develop their own process to determine appropriate primary care payment for their provider panels (DMAP will have compliance oversight)

Tools to stay informed

RESOURCES

Webinar information

- An FAQ based on questions and answers from the webinar will be published on our ACA primary care website:
http://www.oregon.gov/oha/healthplan/pages/tools_prov_pcp-rates.aspx
- A recording of the webinar will be posted on the OHA YouTube channel:
http://www.youtube.com/playlist?list=PL7mua_4kMbMqaLy0gARbaM-WWn7P-Z7-S

Sources and links

Provider communications

Dec. 28, 2012 [Primary care provider definition and rate change effective January 1, 2013](#)

Jan. 26, 2013 [Clarification about how new CMS definition of primary care affects Oregon primary care providers](#) – This supersedes the Dec. 28 announcement

Federal Register/ Vol. 77, No. 215

<http://www.gpo.gov/fdsys/pkg/FR-2012-11-06/pdf/2012-26507.pdf>

Q&A on Increased Medicaid Payments for PCPs

<http://medicaid.gov/State-Resource-Center/Frequently-Asked-Questions/CMCS-Ask-Questions.html>

DMAP Attestation form

<https://survey.emp.state.or.us/cgi-bin/qwebcorporate.dll?idx=PBUQJ2>

Existing FFS reimbursement for primary care providers

http://www.oregon.gov/oha/healthplan/data_pubs/feeschedule/2011/primary-care.pdf

Web page on ACA Primary Care Reimbursement

http://www.oregon.gov/oha/healthplan/pages/tools_prov/pcp-rates.aspx

Contacts

General questions:

Provider Services Unit

1-800-336-6016

dmap.providerservices@state.or.us

Training information:

DMAP Provider Training

1-503-945-6549

provider-trng.dmap@state.or.us

QUESTIONS