UTAH DEPARTMENT OF HEALTH MEDICAID

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13-29 Update to January 2013 MIB Article 13-02: Physician and VFC Enhancement Payments

This update provides the latest information based on the most recent federal guidance and supersedes any previous communication. Specifically, this provides an update of the type of attestation that must be provided by ***physicians*** *in order to qualify for the enhanced physician payments.*

Physician and VFC Enhancement Payments

On November 6, 2012, the Centers for Medicare and Medicaid Services (CMS) published a final rule (CMS-2370-F) titled, *Medicaid Program; Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration Under the Vaccines for Children Program*. In short, the rule, beginning January 1, 2013, and continuing through December 31, 2014, will allow the state to increase payments to qualifying physicians for E&M services up to the Medicare rates and also increase the VFC admin rate allowed.

The rule publication may be reviewed on the Federal Register page. The link is as follows:

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

On December 14, 2012, the Centers for Medicare and Medicaid Services (CMS) published a document that corrects technical errors (CMS-2370-CN) that appeared in the final rule published November 6, 2012 (CMS-2370-F) titled, *Medicaid Program; Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration Under the Vaccines for Children Program; Correction*. A summary of the changes noted by CMS in the publication are as follows:

> In the November 6, 2012 final rule (77 FR 66670), we inadvertently published technical errors in § 447.400(a) and § 447.405 listed on page 66701. One correction ensures consistency between two sentences in the same paragraph and the other restores text inadvertently omitted from the final rule that had been included in the May 11, 2012 notice of proposed rulemaking (77 FR 27671) on pages 26789–90. Thus, we are correcting page 66701 to reflect the correct information…
>
> **IV. Correction of Errors**
> In FR Doc. 2012–26507 of November 6, 2012 (77 FR 66670), make the following corrections: 1. On page 66701, in the first column; in the last full sentence, in the first partial paragraph, the sentence reads, ''A physician self-attests that he/she:''. Correct the sentence to read, ''Such physician then attests that he/she:''.
> 2. On the same page, in the same column; in the last full paragraph, paragraph (a) reads, ''For CYs 2013 and 2014, a state must pay for physician services described in § 447.400 based on:''. Correct the sentence to read, ''For CYs 2013 and 2014, a state must pay for physician services described in § 447.400 based on the lower of:''.

The rule publication may be reviewed on the Federal Register page. The link is as follows:

http://www.gpo.gov/fdsys/pkg/FR-2012-12-14/pdf/2012-29640.pdf

Additionally, CMS has provided further guidance in a recently published FAQ document. The link to this document is as follows:

http://www.medicaid.gov/State-Resource-Center/Frequently-Asked-Questions/Downloads/Q-and-A-on-Increased-Medicaid-Payments-for-PCPs.pdf

Physician Enhancement and Self-Attestation

The enhanced rate will be available during the program period as noted above. In order to qualify for the enhanced rate, a **physician** must:

1. Provide **self**-attestation that they have:
   a. A primary care designation in:
      i. family medicine,
      ii. general internal medicine, or

iii. pediatric medicine

b. **In addition**, they must be board certified in a sub-specialty recognized by:

i. The American Board of Medical Specialties (ABMS),

ii. The American Board of Physician Specialties (ABPS), or

iii. The American Osteopathic Association (AOA).

Or, if not board certified in a sub-specialty above,

i. Self-attest to a specialty designation in family medicine, general internal medicine, or pediatric medicine and demonstrate that 60% or more of all Medicaid services they bill (including Medicaid managed care environments) are for the following codes: 99201 - 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474.

Providers qualifying with a board certification in one of the sub-specialties noted must also fax a copy of their board certification and any subspecialty certifications to (801) 536-0484 in order to complete the self-attestation. The fax cover sheet should include the provider's name, NPI, email address, and a contact phone number. Please be certain to submit the most current certification covering the calendar year 2013 and 2014 time periods.

Please note that self-attestation is subject to audit.

Clarification and guidance regarding eligible providers

First, further guidance has been provided to show the list of eligible sub-specialties. The list of these eligible sub-specialties is as follows:

ABMS

A. Family Medicine – Adolescent Medicine; Geriatric Medicine; Hospice and Palliative Medicine; Sleep Medicine; Sports Medicine.
B. Internal Medicine – Adolescent 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.
C. 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

A. Family Physicians – No subspecialties.
B. Internal Medicine – Allergy/Immunology; Cardiology; Endocrinology; Gastroenterology; Hematology; Hematology/Oncology; Infectious Disease; Pulmonary Diseases; Nephrology; Oncology; Rheumatology.

C. Pediatrics – Adolescent and Young Adult Medicine, Neonatology, Pediatric Allergy/immunology, Pediatric Endocrinology, Pediatric Pulmonology.

ABPS

The ABPS does not certify subspecialists. Therefore, eligible certifications are:
American Board of Family Medicine Obstetrics; Board of Certification in Family Practice; and Board of Certification in Internal Medicine. There is no Board certification specific to Pediatrics.

Second, non-physician practitioners (e.g., nurse practitioner, physician assistant) should not participate in the self-attestation process. However, services rendered by such providers may be billed through an eligible physician if they are done under the direct supervision of that physician.

Third, these payments will be retroactive to the begin date of the quarter in which they are submitted assuming that the board certification date spans the full period and is not expired. Some examples are provided below:

Example 1
A provider who self-attests on 3/29/2013 and who is certified from 1/1/2013 to 12/31/2020 will be eligible for enhanced payments for service dates starting on 1/1/2013.

Example 2
A provider who self-attests on 1/1/2013 and who is certified from 2/1/2013 to 12/31/2020 will be eligible for enhanced payments for service dates starting on 2/1/2013.

Example 3
A provider who self-attests on 4/1/2013 and who is certified from 1/1/2013 to 12/31/2020 will be eligible for enhanced payments for service dates starting on 4/1/2013.

Self-Attestation Form Link

The attestation form can be accessed through the following link:

https://docs.google.com/a/utah.gov/spreadsheet/viewform?formkey=dG0wVnVZMXh2bmh3bTdDNE9CNmoxVWc6MQ#gid=0

Please be sure to use the individual NPI in the self-attestation as group NPIs will not be accepted in the final determination of eligible physicians.

Utah Medicaid Fee-For-Service Enhanced Payments

The details related to how these enhanced payments will be made are still being finalized with CMS. It is anticipated that these will be made as quarterly lump sum payment amounts to each qualifying provider based on their claims data. These payments will be made to the billing provider based on the qualifying servicing provider(s) individual NPI.

These changes are still pending CMS approval of the State Plan amendment.

Utah Medicaid Managed Care

Providers that only serve Utah Medicaid Managed Care must still self-attest through this process as Utah Medicaid will collect all of this information.

CMS has provided additional guidance related to how these payments may be paid to Accountable Care Organizations. The following describes the general methodology (prescribed by CMS) that Utah Medicaid plans to implement for these payments.

Non-risk Reconciled Payments for Enhanced Rates

Under this method, for 2013, states would prospectively pay capitation rates without enhanced primary care payments. Thus, these capitation rates would not be inclusive of the enhanced rate. At agreed upon intervals (e.g., quarterly) the MCPs would summarize actual encounter data or another reasonable data source to calculate the total payment that eligible providers would need to be paid for eligible services in order to reach the mandated Medicare payment rates. The state would review this report and if found reasonable, the state would pay the MCP the calculated additional payment amount. The MCP would then distribute those payments to the primary care providers using a method of their choosing.

The exact details related to how these enhanced payments will be made are still being finalized with CMS. It is anticipated that these will be made as quarterly lump sum payment amounts to each qualifying provider based on their claims data. These payments will be made to the Accountable Care Organization based on the qualifying servicing provider(s) individual NPI.

These changes are still pending CMS approval of the managed care contracts and state payment methodology.

Newly Enrolled Providers

For new providers that enroll over time, Utah Medicaid Provider Enrollment will request self-attestation information with the enrollment packet.

VFC Enhanced Payments

Qualifying providers, who meet the self-attestation requirements, may receive payments up to the new maximum allowed by the new rule.

These changes are still pending CMS approval of the State Plan amendment.

13-30 Correction to November Interim MIB Article 12-121: Medicaid Accountable Care Organizations (ACOs)

The November Interim MIB Article 12-121 incorrectly noted certain carved out services. The original article may be found as follows:

http://health.utah.gov/medicaid/manuals/pdfs/Medicaid%20Information%20Bulletins/Traditional%20Medicaid%20Program/2012/Special%20Interim%20MIB/November2012Interim-MIB.pdf

Two items, numbers 4 and 5, are corrected to read as follows (changes are highlighted):

Other Carved Out Services

The following services are Medicaid State Plan services; however, the ACOs are not responsible to cover them:

…

(4) Oxygen concentrators. (This service is only carved out for Select Health Community Care enrollees.)

(5) Apnea monitors. (This service is only carved out for Select Health Community Care enrollees.)

…