A Provider’s Guide to the Enhanced Primary Care Payments in West Virginia

West Virginia Bureau for Medical Services

May 2013
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Introduction to Enhanced Primary Care Payment Program

The Affordable Care Act (ACA) requires that Medicaid reimburse eligible primary care providers at parity with Medicare rates in 2013 and 2014 for certain evaluation and management (E&M) and vaccination codes beginning with January 1, 2013 dates of service (42 CFR 447.400(a)). This document is intended to provide information to providers who wish to participate in the enhanced primary care payment program.

Prior to receiving the enhanced rate, eligible physicians and advanced practice registered nurses (APRNs) must self-attest. Physician assistants (PAs) are not required to complete a self-attestation form, but instead should be listed in the appropriate section of their supervising physician’s self-attestation form. Eligible services provided by all advanced practice clinicians providing services within their state scope of practice under the supervision of an eligible physician will be eligible for higher payment. APRNs must attest that they are under the supervision of, or in a collaborative relationship with, a physician who has self-attested and qualifies for the enhanced rates.

Physicians must first attest to a specialty designation of family medicine, general internal medicine, pediatric medicine, or subspecialties as defined by the following recognized boards: the American Board of Physician Specialties (ABPS), the American Osteopathic Association (AOA), or the American Board of Medical Specialties (ABMS).

Physicians who self-attest to one of the eligible specialties or related subspecialties must then attest that:

- They are Board-certified in the specialty or subspecialty to which they attest; or

- At least 60 percent of all the provider’s billed codes, in the most recently completed calendar year, were billed for qualifying evaluation and management (E&M) and/or qualifying vaccine administration codes, as specified in the federal rule.
  - If a provider has not yet participated in the Medicaid program for a full calendar year, they can attest that 60 percent of the Medicaid claims billed in the previous 30 day period were for E&M and/or vaccine administration codes that are eligible for the enhanced payment.

APRNs must attest that they are under the supervision of, or have a collaborative relationship with, a qualifying physician.

Provider Self-Attestation

Who is Eligible and Should Self-Attest
In order to receive the enhanced rate, providers must complete and submit the Self-Attestation Form. Enhanced payments are limited to the qualified physicians and advanced practice clinicians providing services within their state scope of practice under the supervision of an eligible physician. APRNs must attest that they are under the supervision of, or in a collaborative relationship with, a physician who has self-attested and qualifies for the enhanced rates. This rule refers to advanced practice professionals (APPs) which consists of APRNs and PAs. However, only APRNs and physicians are required to self-attest. PAs will be automatically eligible if their supervising physician self-attests and is found eligible.

All physicians (MDs, DOs) must self-attest to qualify for the enhanced rate. APRNs must attest that they are under the supervision of, or in a collaborative relationship with, a physician who has self-attested and qualifies for the enhanced rates. Physician Assistants do not need to complete a separate self-attestation form but should be listed on their supervising physician’s form. No self-attestation is required for providers in the Vaccines for Children (VFC) program to receive the enhanced VFC rates. Tables 1 and 2 contain eligibility workflows for physicians and APRNs that further explain the self-attestation form criteria.

**Qualifying Specialties and Subspecialties**

The following specialties/subspecialties certified by each of the acceptable Boards qualify for the enhanced rates:

**American Board of Medical Specialties**

- **Family Medicine** – Adolescent Medicine; Geriatric Medicine; Hospice and Palliative Medicine; Sleep Medicine; Sports Medicine
- **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
- **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

**American Osteopathic Association**

- **Family Physicians** – No subspecialties
- **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

American Board of Physician Specialties

The ABPS does not certify subspecialists. Therefore, eligible certifications are:

• American Board of Family Medicine Obstetrics; Board Certification in Family Practice; and Board Certification in Internal Medicine. There is no Board certification specific to Pediatrics.

Table 1: Physician Eligibility Workflow

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<th>Can you attest that you are acting in the roll of a Primary Care Provider, specifically in family medicine, general internal medicine or pediatric medicine or an eligible subspecialist.</th>
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<tbody>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>No</strong> You are not eligible for the enhanced payments</td>
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| Can you attest to holding a Board Certification in one of the following? |
| American Board of Medical Specialties (family medicine, internal medicine, pediatrics or other eligible subspecialist) |
| American Osteopathic Association (family medicine, internal medicine, pediatrics or other subspecialties) |
| American Board of Physician Specialties (Board Certification in Family Medicine Obstetrics, Board Certification in Family Practice, Board Certification in Internal Medicine) |
| **No** |

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<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>No</strong> You are not eligible for the enhanced payments</td>
</tr>
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</table>

| Can you attest that 60 percent of your Medicaid claims billed in the most recent calendar year were for qualifying E&M codes and vaccine administration codes? (If you have not yet participated in Medicaid for a full calendar year you may attest for the previous 30 day period) |
| **No** |

You are eligible for the enhanced primary care payments for eligible codes. Please see "A Provider’s Guide to the Enhanced Primary Care Rates" for additional details on relevant rules and regulations.
Table 2: APRN Eligibility Workflow

Are you under the supervision of, or in a collaborative relationship with, a physician who assumes professional responsibility for services you provide?  

No  You are not eligible for the enhanced payments

Yes

Can your supervising/collaborating physician attest to a specialty designation of family medicine, general internal medicine or pediatric medicine or an eligible subspecialty as recognized by the American Board of Medical Specialties, American Osteopathic Association or American Board of Physician Specialties?

Yes

No  You are not eligible for the enhanced payments

Did your supervising/collaborating physician attest to holding a Board Certification in one of the following?  
American Board of Medical Specialties (family medicine, internal medicine, pediatrics or other eligible subspecialty)  
American Osteopathic Association (Family Medicine, Internal Medicine, pediatrics or other subspecialty).  
American Board of Physician Specialties (American Board of Family Medicine Obstetrics, Board Certification in Family Practice, Board Certification in Internal Medicine)

Yes

No  You are not eligible for the enhanced payments

Did your supervising/collaborating physician attest that 60 percent of their Medicaid claims billed in the most recent calendar year were for qualifying E&M codes?  
(If they have not yet participated in Medicaid for a full calendar year they may attest for the previous 30 day period)

Yes

No  You are not eligible for the enhanced payments

You may be eligible for the enhanced primary care payments for eligible codes as long as your supervising/collaborating physician self-attests and qualifies
How and When to Self-Attest

The Self-Attestation Form is posted online at www.wvmmis.com. Providers should return the completed forms by email or fax to the email address/ fax number noted on the self-attestation form. To receive payments for 2013, forms should be submitted to Molina by no later than December 31, 2013. However, providers are encouraged to submit the forms as soon as possible.

Retroactive Self-Attestations and Retroactive Payments

All eligible providers who return the Calendar Year (CY) 2013 Self-Attestation Form by December 31, 2013 will be eligible to receive a retroactive reimbursement back to January 1, 2013. If a provider returns the required Self-Attestation Form after December 31, 2013, they will be ineligible to receive retroactive payments for calendar year 2013 but may submit the CY 2014 Self-Attestation Form for enhanced payments for CY 2014.

BMS is currently undergoing system changes to their Medicaid Management Information System (MMIS) required to implement these enhanced payments to primary care providers. Additionally, BMS is working with the Centers for Medicare & Medicaid Services (CMS) for approval to change West Virginia’s Medicaid State Plan. Payments will not be made until necessary system changes are complete and CMS approves West Virginia’s Medicaid State Plan Amendment. Therefore, there may be lag time between when a Self-Attestation Form is submitted and approved and when the enhanced payments begin. However, because retroactive payments will be made, the lag time will not impact the amount providers are reimbursed each calendar year. This enhanced rate will only be available during the calendar years 2013 and 2014. At the end of this period, the enhanced Federal funding for this program expires and the enhanced rate for Medicaid services will end.

Eligible Codes and Rates in West Virginia

The full list of eligible codes and their corresponding enhanced rates will be released upon CMS’ approval of the State Plan Amendment. Please monitor the “News and Announcements” sections on the BMS website (http://www.dhhr.wv.gov/bms/Pages/default.aspx) for alerts notifying providers that they have been published.

Please note that services provided under another Medicaid benefit category, such as Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), as well as clinics and Health Departments, to the extent that they are reimbursed on an encounter or visit rate, are not eligible for enhanced payments, nor are services provided in nursing facilities that are reimbursed as part of the per diem rate.
Billing

To receive the enhanced rates, providers should continue to submit their usual and customary charges. Per BMS policy, providers should already be submitting all claims with usual and customary charges and therefore the enhanced primary care rates should not impact how claims are submitted. If claims are submitted billing only the amount WV Medicaid pays versus the usual and customary charges, enhanced payments may be significantly delayed or may not be made.

Trainings

BMS will be conducting the annual provider workshops on April 15 – 25, 2013. The enhanced primary care payments will be covered during these workshops and all providers are encouraged to attend. Additional information, including location and schedule for this workshop, can be found at http://www.dhhr.wv.gov/bms/news/Pages/2013PWLT.aspx.

Self-Attestation Audit

BMS is required to audit a statistically valid sample of physicians who have self-attested to either Board Certification or a supporting claims/service history. Higher payments for both Fee for Service (FFS) and Manage Care Organization (MCO) services will be recovered from physicians who the audit determines were not eligible. For physicians attesting that 60 percent of their Medicaid claims for the prior year were for the E&M services and vaccine administration, BMS will count all West Virginia Medicaid claims paid by FFS and MCOs during the most recently completed calendar year or, for newly eligible physicians, the prior month. Denied and duplicate claims will not be included to meet the 60% threshold. Primary care services are all the codes covered by the enhanced payments, including vaccine administration codes. In the case of adjustments, only the final adjudicated claim will be counted. For providers claiming eligibility based on Board certification, certification will be audited. Providers should submit their Board Certification when they submit the Self-Attestation Form.

BMS will pursue repayment in all instances of improper or duplicate payment. BMS will recoup all paid enhanced primary care payments if the physician is found to be ineligible for this program.

Additional Resources

Please review the following documents from CMS for frequently asked questions and additional information for providers.
Federal Register Final Rule “Medicaid Program; Payments for Services Furnished by Certain Primary Care Physicians and Charges for the Vaccine Administration Under the Vaccines for Children Program”

CMS FAQs on Increased Medicaid Payments for PCPs:
- Q and A on Increased Medicaid Payments for PCPs (FFS Set IV)
- Q and A on Increased Medicaid Payments for PCPs (FFS Set III)
- Q and A on Increased Medicaid Payments for PCPs (FFS Set II)
- Q and A on Increased Medicaid Payments for PCPs (managed care)
- Q and A on Increased Medicaid Payments for PCPs (managed care Set II)
- Q and A on Increased Medicaid Payments for PCPs

CMS Press Release “HEALTH CARE LAW DELIVERS HIGHER PAYMENTS TO PRIMARY CARE PHYSICIANS”

CMS Fact Sheet, “Increased Medicaid Payment for Primary Care.”

If you have additional questions, please contact Molina’s Provider Enrollment Department within the West Virginia Medicaid call center at:

Phone: (888) 483-0793
Fax: (304) 340-2763
Email: wvproviderenrollment@molinahealthcare.com