# PROVIDER BULLETIN 12-63

DATE: December 14, 2012

TO: Physicians participating in the Nebraska Medicaid Program

FROM: Vivianne M. Chaumont, Director
Division of Medicaid & Long-Term Care

BY: Margaret Brockman, RN, MSN-Program Specialist

RE: **ENHANCED PRIMARY CARE RATES**

Effective January 1, 2013, certain physicians who provide eligible primary care services to Medicaid clients are eligible to be paid the Medicare rates in effect in calendar years (CY) 2013 and 2014 instead of their usual state-established Medicaid rates. The enhanced rate is available for providers who are fee for service providers with Nebraska Medicaid as well as eligible providers who are enrolled in the Nebraska physical health managed care program. This enhanced rate will only be available for the limited periods of the calendar years 2013 and 2014. At the end of this period, the enhanced federal funding for this program sunsets and the enhanced rate for Medicaid services will end.

The increased payments will pertain to primary care services delivered by a physician (MD or DO) with a specialty designation of family medicine, general internal medicine, or pediatrics. Non-physician practitioners (PA or APRN) who are supervised by a physician that is eligible for the enhanced rate are also eligible to receive the enhanced rate. The increase will apply to a specific set of services and procedures that Centers for Medicare & Medicaid Services (CMS) designates as “primary care services.”

In order to qualify for the enhanced rates, eligible enrolled Nebraska Medicaid providers must attest to being a primary care physician by one of the following:

a. Board certification as a primary care physician by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA) or
b. Have furnished evaluation & management (E&M) and vaccines services (codes specified by federal regulation) that equal at least 60% of the Medicaid codes billed during the most recently completed fiscal year.

Eligible providers who may qualify for the enhanced rate must complete an Attestation Form to be submitted with the identified documentation to the Medicaid central office. The attestation form is attached and will also be available with additional instructions on

the Medicaid provider information section of the Division's website at http://dhhs.ne.gov/medicaid/Pages/med_provhome.aspx

Providers can immediately begin sending forms and documentation to the following address:

DHHS- Medicaid and Long-Term Care
Enhanced PCP Rates
P.O. Box 95026
Lincoln, NE 68509-5026

Nebraska Medicaid is currently undergoing programming changes to the Medicaid Management Information System (MMIS) to implement these enhanced payments to primary care providers. Payments will not begin until after January 1, 2013. Implementation is contingent on completing the necessary system changes and approval by CMS of Nebraska Medicaid's State Plan Amendment. Additional details regarding this initiative and its implementation will be provided in a future bulletin.

This enhanced rate will only be available for the limited periods of the calendar years 2013 and 2014. At the end of this period, the enhanced federal funding for this program sunsets and the enhanced rate for Medicaid services will end.

To assist in delivery of information, a dedicated email address has been created for questions and answers specific to this program change. We will gather the questions and responses and place them on our website. The email address is: DHHS.EnhancedPCPRates@nebraska.gov.

Department of Health & Human Services
DHHS
NEBRASKA

Medicaid and Long-Term Care

# Enhanced Primary Care Rates Provider Attestation Form

**Effective January 1, 2013, to be eligible for enhanced rate payments, providers must:**

1. Be enrolled as a physician (MD or DO) or a non-physician practitioner (PA) who is supervised by a physician who is enrolled for the enhanced rate.
2. Be an enrolled Nebraska Medicaid provider as a primary care physician (or a subspecialty under one of these specialties: family medicine, general internal medicine, or pediatrics).
3. Attest to being a primary care physician by one of the following:
   - **a.** Board certification as a primary care physician by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA) or eligible subspecialty.
   - **b.** Have furnished evaluation & management (E&M) and vaccines services (codes specified by federal regulation) that equal at least 60% of the Medicaid codes billed during the most recently completed fiscal year.
4. Complete this form, sign it, and submit the original to the address provided below.

**All of the fields below must be completed legibly. Make a copy for your records. Send the original form to: DHHS Medicaid & Long-Term Care, Enhanced PCP Rates, P.O. Box 95026, Lincoln, NE, 68509-5026**

**1.** Provider Name: _____

**2.** Provider Individual NPI: _____

**3.** Nebraska Medicaid Provider Number(s): _____

**4.** Provider Type: ☐ Physician (MD or DO) ☐ Physician Assistant (PA)

**(4a)** If PA, Name & NPI of Supervising Physician: _____

**5.** Provider Specialty Designation: ☐ Family Medicine ☐ Family Practice ☐ Internal Medicine ☐ Pediatrics

**(5a)** or eligible subspecialty: _____

**6.** Provider License Number: _____

**Method of Self Attestation (complete 7a or 7b)**

**(7a) Board Certification**

Certifying Board: ☐ ABMS ☐ ABPS ☐ AOA

I attest that I have a certification recognized by the ABPS, the ABPS, or the AOA as a primary care physician and I meet the requirements in federal and state regulations to receive the enhanced payment.

| _____ | _____ | _____ |
|---|---|---|
| Signature | Printed Name | Date |

**(7b) 60% Attestation**

**PROVIDERS WITH BILLING HISTORY:** I attest that I am an eligible primary care physician but do not have a certification recognized by the ABMS, the ABPS, or the AOA. I attest that at least 60% of my total Medicaid billings for the previous calendar year were for the specific evaluation and management (E&M) and vaccine services published in the final federal rule and meet the requirements to receive the increased payment.

**PROVIDERS WITHOUT BILLING HISTORY:** I attest that I am an eligible primary care physician but do not have a certification recognized by the ABMS, the ABPS, or the AOA. I attest that at least 60% of my total Medicaid billings WILL BE for the specific evaluation and management (E&M) and vaccine services published in the final federal rule and meet the requirements to receive the increased payment.

| _____ | _____ | _____ |
|---|---|---|
| Signature | Printed Name | Date |