

PROVIDER BULLETIN

13-03

DATE: January 7, 2013

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: **UPDATE AND CLARIFICATION TO ENHANCED PRIMARY CARE RATES**

Eligible providers who may qualify for the enhanced rate must complete an Attestation Form to be submitted to the Medicaid central office.

The following is clarification for completing the Attestation Form for the Enhanced Primary Care Rates:

1. All fields 1-6 in the middle section must be completed. Physicians (MD or DO) must self-attest to an eligible specialty designation and further indicate whether they are Board certified in an eligible specialty or subspecialty. **If the physician is not Board certified in an eligible specialty or subspecialty, the physician must attest that** 60% of the Medicaid services for which they bill are eligible Evaluation & Management (E&M) or vaccine administration codes.
2. Question 7a or 7b must be signed by the eligible physician (MD or DO).
3. Physician Assistants (PA) must have their supervising MD or DO sign the attestation with regards to the Board certification or 60% total Medicaid billing for E&M or vaccine codes. The attesting physician must also be **enrolled for enhanced primary care rates** for the PA to qualify.
4. Advanced Practice Registered Nurses (APRN) are not eligible to receive the enhanced rates.

If the attestation form is not complete, it will be returned to the provider without enrollment. Please remember, the date of eligible enrollment to receive the enhanced rates is the date DHHS accepts the completed form.

The attestation form is attached and is available on the Medicaid provider information section of the Division's website at:

<http://dhhs.ne.gov/medicaid/Documents/Provider%20Attestation%20Form.pdf>

Providers can immediately begin sending forms to the following address:

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

Annually, DHHS will review a statistically valid sample of physicians who have self-attested to either Board certification or a supporting claims/service history. All providers that attest to being eligible for the enhanced primary care rates are subject to the annual review and must provide documentation to support their attestation upon annual review. A copy of the Board certification must be available at the time of review. The certification period must coincide with eligible dates of services during the calendar years 2013 and 2014. If payments are found to have been paid to ineligible providers, DHHS will seek an immediate repayment.

A listing of all providers who have submitted attestation forms that have been accepted will be listed on our website by mid January 2013. The listing will be updated on a weekly basis. The attestation will apply to all locations in which the provider is enrolled with Medicaid unless the provider identifies otherwise. The services provided at a FQHC or RHC are not eligible for the enhanced rates. In addition, this acceptance applies to all services provided by the eligible provider to recipients of any of the Medicaid Physical Health Managed Care Plans.

Please direct all questions to the following email address:
DHHS.EnhancedPCPRates@nebraska.gov.

**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 ABMS, 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