

PROVIDER BULLETIN

13- 10

DATE: February 8, 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 ON ATTESTATION OF PRIMARY CARE PROVIDERS**

Nebraska Medicaid is continuing to accept Attestation Forms from eligible primary care providers. Until further notice, eligible providers will be given an acceptance date of January 1, 2013 and all claims submitted with dates of service from January 1, 2013 forward will be paid at the enhanced primary care rate for eligible Evaluation & Management (E&M) codes and VFC administration.

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>

Eligible providers must complete the Attestation Form and submit the original to the Medicaid central office. Providers should send forms to the following address:

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

If the attestation form is not complete, it will be returned to the provider without acceptance. 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, acceptance of the attestation form applies to eligible E & M codes provided by the provider credentialed by the Medicaid Physical Health Managed Care Plans.

A listing of all providers who have submitted attestation forms that have been accepted are listed on our website:

<http://dhhs.ne.gov/medicaid/Pages/Nebraska-Medicaid-Enhanced-Primary-Care-Payments.aspx>. The listing is updated on a weekly basis.

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