

2013 Primary Care Physician Rate Adjustment FAQ

In accordance with the Patient Protection and Affordable Care Act (ACA), certain physicians practicing primary care are eligible to receive adjusted Medicaid payments for primary care services provided to Medicaid eligible individuals. The federal government will fully finance the difference between the state Medicaid payment rate and the applicable Medicare rate only for Calendar Years 2013 and 2014.

Q: Who is eligible for the rate increase?

A: Physicians who self-attest to practicing primary care in one of the following specialty or subspecialty designations:

- *pediatric medicine*
- *family medicine*
- *internal medicine*

Subspecialists within the specialty designations listed above recognized by the American Board of Medical Specialties, the American Board of Physician Specialties or the American Osteopathic Association

*To qualify, physicians must be practicing primary care and must self-attest to **either**:*

- *being board certified with a specialty or subspecialty within at least one of the specialty designations listed above; **or***
- *Working in the community practicing primary care and have 60% of paid Medicaid claims comprised of qualifying Evaluation and Management (E/M) and vaccine CPT codes.*

Q: What does it mean to have a “specialty designation” in one of the specialties or subspecialties listed above?

A: You will be considered as having a “specialty designation” in one of the above listed specialties or subspecialties if you are either board certified in that specialty or if you practice that specialty in the community. For example, you may be board certified in a non-eligible specialty such as surgery or dermatology, but practice in the community as a family practitioner. If your board certification is in a non-eligible specialty, you may be eligible for the primary care rate increase if a review of your claims history indicates that at least 60% of the Medicaid CPT codes paid in Calendar Year 2012 or Calendar Year 2013 were for qualifying Evaluation and Management (E/M) and vaccine CPT codes.

Q: What if I have a board certification in one of the listed specialties or subspecialties, but I actually practice in a different field?

A: You should not self-attest to eligibility for higher payment if you do not actually practice in one of the listed primary care specialties or subspecialties. For more information please visit: <http://www.medicaid.gov/State-Resource-Center/Frequently-Asked-Questions/CMCS-Ask-Questions.html>

Q: What if I am not board certified?

A: You may still be eligible if you practice primary care in the community and a review of your claims history indicates at least 60% of the Medicaid codes paid in Calendar Year 2012 or

Calendar Year 2013 were for qualifying Evaluation and Management (E/M) and vaccine administration codes.

Q: Do primary care services delivered by non-physician practitioners qualify for the enhanced payment?

A: Yes, but only when services are delivered under the personal supervision of an eligible physician. In which case, the supervising physician accepts professional responsibility for the services provided by the non-physician provider.

Non-physician providers who practice independently are not eligible for the enhanced payment.

Q: When will the rate increase be in effect?

A: The ACA mandates that states pay the adjusted rate for qualifying services provided beginning January 1, 2013 through December 31, 2014. Providers will be eligible for the adjusted rate upon completion of the self-attestation process.

Q: What do I have to do to apply to receive the enhanced payments?

A: Physicians MUST REQUEST the reimbursement by self-attesting that they are an eligible provider. Attestation will be available through the KYHealthNet portal on Kentucky Medicaid's website, <http://www.chfs.ky.gov/dms/kyhealth.htm>. In order to register, applying physicians MUST have a current KyHealthNet account with an active login and password. Providers can apply beginning on March 1, 2013.

Physicians can access the KyHealthNet portal here: <https://sso.kymmisis.com/>

Q: What if I don't have a KyHealthNet account?

A: In order to complete the attestation, you must have a KyHealthNet account. Physicians who do not have an account can create a KyHealth Net account by completing the PIN Release form located at <http://www.kymmisis.com/kymmisis/pdf/PIN%20Release%20Form.pdf> and sending it to the EDI helpdesk by email at KY_EDI_HelpDesk@hp.com along with a copy of your driver license or to fax 502-209-3242 or 502-209-3240 attention: EDI Helpdesk.

For questions about the PIN Release form contact the EDI helpdesk at (800) 205-4696 or by email at KY_EDI_HelpDesk@hp.com

Q: When will I know if I'm approved for the increase?

A: Successful submission of the attestation form enrolls the provider in the adjusted rate program. Providers will only be contacted if there is a change in that status.

Q: What is the deadline to self-attest in order to receive the adjusted payments?

A: For physicians who self-attest from March 1, 2013 through March 31, 2013, the effective date for the adjusted payment will be January 1, 2013. For self-attestations submitted April 1, 2013 or later, the effective date of the enhanced payment will be the first of the following calendar month.

Q: I have delegates in my office who have access to KyHealthNet. Can they fill out the attestation form for me?

A: No, the attestation process cannot be delegated to another KyHealthNet account holder. The applicant MUST complete the attestation form using their user ID and password. The system will recognize the information and auto-fill several fields for the provider. This method allows DMS to have a second level of identification for validity of the electronic signature.

Q: What if I contract with a Managed Care Plan – how do I apply and who will pay me?

A: Providers must still apply to receive the enhanced payment through the KyHealthNet portal by self-attesting that they are an eligible primary care provider. Once the provider is attested, the information is passed to the MCO. The MCO will be responsible for paying the provider the adjusted payment.

Q: When will the Physicians' Fee Schedule be updated?

A: The Physicians' Fee Schedule will not be updated with the adjusted rates since they will not be available for all physicians. The details of how these rates will be accessed by providers have not been finalized; updates will be posted as they become available.

Q: The federal rule says vaccine administration codes must be billed in order to receive the new rate. Does this mean Medicaid will change their billing practice for vaccines?

A: No, providers will continue with the current billing practice for vaccines. Currently, providers bill the vaccine CPT code with modifier 26 and are paid an administration fee. CMS determined that given the short implementation timeline, states may continue to process their vaccine claims using the vaccine CPT code with modifier 26. The adjusted rate will apply if the provider is attested and bills the CPT vaccine code with modifier 26 for a Medicaid eligible member.

Q: My board certificate does not have an end date. What shall I put in the required date field on the attestation form?

A: If your board certification does not have an end date please put the following date into the required field: 12/31/2099.

Q: I am a non-physician provider and there is not an option for me to enter my board certification. How do I complete the attestation form?

A: Non-physician providers must rely on their supervising physician's credentials in order to be eligible for the adjusted rates.