



<b>ISSUE DATE</b> May 3, 2013	<b>EFFECTIVE DATE</b> January 1, 2013	<b>NUMBER</b> 31-13-32
<b>SUBJECT</b>  Revised Physician Attestation Form for Primary Care Services		<b>BY</b>    Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

**PURPOSE:**

The purpose of this Medical Assistance (MA) Bulletin is to inform MA Program enrolled physicians of changes to the requirements to qualify for increased fees for primary care services for Calendar Years (CY) 2013 and 2014, under both the MA fee-for-service (FFS) and managed care delivery systems. This bulletin supersedes the previously issued MA Bulletin 31-13-11, titled "Medical Assistance Program Fee Increase for Select Primary Care Services and Physician Attestation Form", issued January 22, 2013, to the extent it is inconsistent with the prior bulletin.

**SCOPE:**

This bulletin applies to MA enrolled physicians who render primary care services to MA beneficiaries in the MA FFS and managed care delivery systems.

**BACKGROUND:**

As set forth in MA Bulletin 31-13-11, Section 1202 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152) (collectively the ACA) and implementing federal regulations require state Medicaid programs to pay increased fees for primary care services to qualifying physicians that are no less than the Medicare rates in effect in CY 2013 and 2014, or if greater, the rates that would be applicable in those CYs using the CY 2009 Medicare physician fee schedule (MPFS) conversion factor (CF). As specified in federal regulations, only Healthcare Common Procedure Coding System (HCPCS) Evaluation and Management (E&M) procedure codes 99201 through 99499 and Current Procedural Terminology (CPT) vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474, or their successor codes, qualify for the increased fees. You may view the federal implementing regulation by accessing the following website link: <http://www.gpo.gov/fdsys/pkg/FR-2012-11-06/pdf/2012-26507.pdf>.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at  
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

States are required to pay increased fees for the specified E&M and vaccine administration procedure codes to the extent covered by the State when furnished by a physician, or under the personal supervision of a physician, with a primary specialty designation of family medicine, general internal medicine or pediatric medicine recognized by the American Board of Physician Specialties (ABPS), the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA).

To qualify for the increased fees, a physician must be enrolled in the MA Program as a physician with a primary specialty of family medicine, internal medicine or pediatric medicine. Physicians must also self-attest to a primary specialty or subspecialty designation of family medicine, general internal medicine or pediatric medicine recognized by the ABPS, the ABMS, or the AOA; and, that

- a) He or she is board certified with a primary specialty or subspecialty of family medicine, general internal medicine or pediatric medicine or a subspecialty recognized by the ABMS, the ABPS or the AOA; or
- b) At least 60 percent of the physician's billings during the most recently completed CY or, for newly eligible physicians, in the prior month, were for HCPCS E&M procedure codes 99201 through 99499, CPT vaccine administration codes 90460, 90461, 90471, 90472, or their successor codes, designated by the Centers for Medicare and Medicaid Services (CMS).

## **DISCUSSION:**

Under Pennsylvania's MA Program, payment is made for vaccine administration using the vaccine product codes. On April 3, 2013, CMS advised the Department of Public Welfare (Department) that we may crosswalk our vaccine product procedure codes to the vaccine administration procedure codes identified in the federal implementing regulation. CMS also advised us that the vaccine product procedure codes covered by the MA Program can be included in determining whether eligible physicians meet the 60% threshold of qualifying Medicaid-billed E&M and vaccine administration procedure codes to qualify for payment of the increased primary care services fees. The qualifying vaccine product procedure codes are listed in the Procedure Section of this bulletin.

As a result, the Department is extending the period of time to July 1, 2013, for physicians to attest to meeting the 60% threshold in order to receive retroactive payment to January 1, 2013. This extended period of time for physicians to attest does not apply to the physician attesting to board certification since the use of the additional vaccine product codes does not impact their ability to qualify.

CMS also provided clarification that states may rely on the initial self-attestation for purposes of CY 2014's increased primary care services fees, if they choose to do so, since CMS does not expect physicians' practices to vary significantly from year to year. As such, the

Department is not requiring physicians to re-attest in CY 2014. CMS' Frequently Asked Questions relating to the implementation of the ACA may be found at the following website link: <http://www.medicaid.gov/State-Resource-Center/FAQ-Medicaid-and-CHIP-Affordable-Care-Act-ACA-Implementation/FAQ-Medicaid-and-CHIP-Affordable-Care-Act-ACA-Implementation.html>.

## PROCEDURE:

The Department has revised the Physician Attestation Form previously issued to physicians with MA Bulletin 31-13-11, to reflect that physicians may use the vaccine product procedure codes for the purpose of attesting to meeting the 60% threshold of qualifying Medicaid-billed E&M and vaccine administration procedure codes. The revised Physician Attestation Form is attached to this MA Bulletin and is posted on the Department's website at <http://www.dpw.state.pa.us/provider/index.htm>, for physicians' immediate use.

Physicians who did not previously attest to the 60% threshold may now submit the revised Physician Attestation Form to the Department on or before July 1, 2013, in order to qualify for the primary care services increased fees retroactive to January 1, 2013. Physicians attesting to the 60% threshold who submit their Physician Attestation Form to the Department on or after July 2, 2013, will receive the increased primary care services fees beginning with the date the Department receives the Physician Attestation Form.

The vaccine product procedure codes covered under the MA Program are as follows:

<b>Vaccine Product Codes</b>					
90585	90654	90681	90705	90719	90744
90632	90655	90690	90706	90721	90746
90633	90656	90691	90707	90723	90747
90634	90657	90692	90708	90725	90748
90636	90658	90693	90710	90727	90749
90645	90660	90696	90713	90732	G0008
90646	90669	90698	90714	90733	G0009
90647	90670	90700	90715	90734	
90648	90675	90702	90716	90735	
90649	90676	90703	90717	90736	
90650	90680	90704	90718	90743	

If new vaccine product procedure codes are added to the MA Program's Fee Schedule after the issuance of this MA Bulletin, the Department will consider those new vaccine product procedure codes in calculating the 60% threshold of qualifying Medicaid-billed E&M and vaccine administration/vaccine product procedure codes.

## COMPLETING THE PHYSICIAN ATTESTATION FORM

### 1) IF YOU ARE BOARD CERTIFIED:

Physicians must complete and submit a signed Physician Attestation Form attesting that you:

- Practice in one of the specialties or sub-specialties of family medicine, internal medicine or pediatric medicine and are certified by either the ABPS, ABMS, or AOA in one of the above three specialties or one of the sub-specialties recognized by the board and indicate the effective date and expiration date of your board certification; and,
- Provide a copy of your current board certification in family medicine, internal medicine or pediatric medicine as granted by the ABPS, the ABMS or the AOA to the Office of Medical Assistance Programs' (OMAP) FFS Provider Enrollment Unit as specified below.

Physicians may submit a copy of their board certification with their completed Physician Attestation Form or they may submit it separately. If the physician submits their board certification information separately, he/she will be eligible for the increased primary care services fees based upon their attestation, provided that the board certification information is received no later than December 31 of the CY in which he/she is attesting. If the physician attests to being board certified and the copy of the board certification confirms that the board certification is valid through December 31, 2014, the physician will continue to be eligible for the increased primary care services fees in 2014. If the board certification expires prior to the end of CY 2014, the physician must submit a new Physician Attestation Form and updated board certification to continue to qualify for the increased primary care services fees through the end of CY 2014. If the physician fails to submit a copy of their board certification on or before December 31, the Department will recover any increased fees paid to the physician during the CY.

Physicians must submit a copy of their board certification to the OMAP FFS Provider Enrollment Unit even if they previously provided it to a Managed Care Organization.

Physicians must print or type the following information directly on each certification document when submitting their board certification to the OMAP FFS Provider Enrollment Unit:

- provider name
- 13-digit provider numbers (service locations that apply)
- corresponding Provider Type (PT) and Provider Specialty (PS)

**2) IF YOU ARE NOT BOARD CERTIFIED:**

Physicians must complete and submit a signed Physician Attestation Form attesting that you:

- Practice in one of the specialties or subspecialties of family medicine, internal medicine or pediatric medicine; and
- Provide at least 60% of your billed claims for services rendered to Medicaid beneficiaries using the E&M procedure codes and/or the vaccine administration/vaccine product procedure codes, or their successor codes, designated by CMS.

Physicians attesting that they qualify for the increased fees under the 60% threshold, please note:

- If you were enrolled as an MA physician for the entire previous CY, you are attesting that at least 60% of Medicaid-billed codes during the entire previous CY are the qualifying E&M and/or vaccine administration/vaccine product procedure codes.
- If you have been enrolled as an MA physician for one full calendar month or more, but less than the full CY during the previous CY, you are attesting that at least 60% of Medicaid-billed codes from your enrollment date to the end of the previous CY are the qualifying E&M and/or vaccine administration/vaccine product procedure codes.
- If you have been enrolled as an MA provider for less than one full calendar month, or if you enroll as an MA physician during 2013 or 2014, you must submit claims to the MA Program for a minimum of one full calendar month before submitting an Attestation Form to the Department. You are attesting that at least 60% of Medicaid-billed codes billed from your enrollment date through the current full CY month of the date in which you attest are the qualifying E&M and/or vaccine administration/vaccine product procedure codes.
- If you have been enrolled as an MA provider for one full calendar month or more, but less than the full CY during the previous CY, you are attesting that at least 60% of Medicaid-billed codes from your enrollment date to the end of the current calendar month are the qualifying E&M and/or vaccine administration/vaccine product procedure codes.

**Physicians who previously submitted their Physician Attestation Form and board certification to the Department do not need to submit another Physician Attestation Form.**

Physicians who did not previously submit their Physician Attestation Form, but believe that they now qualify under the vaccine product procedure codes, must submit their Physician Attestation Form for the 60% threshold to the OMAP FFS Provider Enrollment Unit NO LATER THAN July 1, 2013, to be considered for retroactive claim adjustments for dates of service beginning January 1, 2013. If the OMAP FFS Provider Enrollment Unit receives the Physician Attestation Form for the 60% threshold on or after July 2, 2013, the Department will only pay the increased primary care services fees for dates of service beginning with the date the Physician Attestation Form is received by the OMAP FFS Provider Enrollment Unit.

A copy of the Department's revised Physician Attestation Form is attached to this MA Bulletin and is available on the Department's website at <http://www.dpw.state.pa.us/provider/index.htm>. Physicians may also access a tutorial for assistance with completing the Physician Attestation Form on the Department's website. Please select "ACA Physician Fee Increases for Primary Care Services" from the Helpful Links for Providers menu in order to access the revised Attestation Form and to access the tutorial.

## **UPDATING THE ENROLLMENT FILE**

Physicians (PT 31) not currently enrolled with one of the three specified physician specialties must update their enrollment information to include a primary specialty of family medicine (PS 316), internal medicine (PS 322) or pediatric medicine (PS 345) to qualify for the increased primary care services fees. Physicians must notify the OMAP FFS Provider Enrollment Unit in writing in order to add or change their Physician Specialty designation using the physician's office letterhead. The physician must include their 13-digit provider ID and a list of the specialties they want to add, change, or remove. Please be aware that any change to the physician's specialty designation can take 60 days or more to process.

## **PROCESS FOR SUBMISSION**

Physician enrollment updates, Physician Attestation Form and board certification may be submitted via any one of the following options:

- ePEAP: Upload your board certification and/or Attestation Forms via the PROMISe™ provider portal's new upload feature. To upload documents, please select the "Upload PDF" entry in the ePEAP menu of your provider profile, browse for your pdf file, and select the appropriate document description.
- Email: Ra-ProvApp@pa.gov (Indicate subject as "PCP")
- Fax: (717) 265-8284 (Indicate "PCP" in fax cover sheet subject line)
- Mail: DPW/OMAP/BFFSP  
Attention: Provider Enrollment Unit/PCP  
PO Box 8045 Harrisburg, PA 17105-8045

## RETROACTIVE PAYMENT ADJUSTMENTS

Physicians who previously submitted their Physician Attestation Form and board certification or who previously attested to the 60% qualifying threshold do not need to submit another Physician Attestation Form.

Physicians attesting to the qualifying 60% threshold because they may now include the vaccine product procedure codes must submit their Physician Attestation Form to the OMAP FFS Provider Enrollment Unit NO LATER THAN July 1, 2013, in order to be considered for retroactive claim adjustments for dates of service beginning January 1, 2013. If the OMAP FFS Provider Enrollment Unit receives the Physician Attestation Form for the 60% threshold on or after July 2, 2013, the Department will only pay the increased primary care services fees for dates of service beginning with the date the Physician Attestation Form is received by the OMAP FFS Provider Enrollment Unit.

As indicated in MA Bulletin 31-13-11, qualifying physicians who submitted their Physician Attestation Form to the Department on or before April 1, 2013, will be paid the increased primary care services fee retroactive to January 1, 2013. Qualifying physicians who submitted their Physician Attestation Form to the Department on or after April 2, 2013, will be paid the increased primary care services fee for dates of service beginning with the date the Physician Attestation Form was received by the Department.

The Department will systematically reprocess all qualifying primary care services claims paid prior to the implementation of the PROMIS<sup>e</sup>™ system changes. Physicians do not need to resubmit these claims to receive the primary care services fee increase.

**ATTACHMENT:** [Medical Assistance Program Fee Increase for Select Primary Care Services Physician Attestation Form](#)