HOUSE BILL 44 PRIMARY CARE RATE INCREASE AND ADDITIONAL PROVISIONS:

Dear Providers:

Beginning July 1, 2015, the Department implemented a series of rate increases for physicians with a primary specialty designation of family medicine, pediatric medicine or internal medicine as if the requirements of 42 C.F.R. § 447.00 remained in effect. In order to receive the enhanced payment, eligible providers were required to complete the attestation process.

At this time, attestation is closed to all providers except those providers who qualify per the provisions of House Bill 751. House Bill 751 allows providers who are newly licensed as of January 1, 2015 to attest. Eligible Providers must be newly licensed as of January 1, 2015, and meet one of the following requirements listed below to qualify for the enhanced payment:

A. A provider must be Board certified with a specialty or subspecialty designation in family medicine, general internal medicine or pediatrics that is recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA), and must actually practice in their specialty; OR

B. A provider may be a non-board certified provider who practices in the field of family medicine, general internal medicine, or pediatrics, or a subspecialty under one of these specialties. Additionally, a non-board certified provider must attest that 60 percent of their paid Medicaid procedures billed are or will be for certain specified procedure codes for evaluation and management services and certain vaccines for children administration codes;

Physician extenders (physician assistants, nurse practitioners and nurse midwives) are also eligible for the increased payment for designated services if they practice under the supervision of an eligible physician with professional responsibility for the provision of care.

Please note that physicians and physician extenders who are reimbursed through Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), public health departments, nursing homes or a facility’s encounter (visit, or per diem rate) or who are not practicing in one of the designated primary care specialties are not eligible for increased rates. Primary care physicians who receive supplemental reimbursement via the Physician Upper Payment Limit (UPL) Program are also excluded from the provider rate increase.

Primary Care Services Affected by this Payment Methodology:

The enhanced payment referred to in the above paragraphs applies to Evaluation and Management (E&M) billing codes 99202-99205, 99212-99215, 99217, 99218, 99221, 99222, 99231-99233, 99238, 99239, 99244, 99381, 99460, 99462, 99468, 99469, 99477, and 99391-99395.

Beginning July 1, 2017, the enhanced payment also applies to E&M billing codes 99201, 99211, 99219, 99220, 99223, 99224, 99225, 99226, 99224, 99235, 99236, 99241, 99242, 99243, 99245, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285, 99291, 99292, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99318, 99324, 99325, 99326,
99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99356, 99357, 99382, 99383, 99384, 99385, 99406, 99407, 99412, 99461, 99464, 99465, 99467, 99471, 99472, 99475, 99476, 99478, 99479, and 99480. Each of these codes along with the rates are listed in Attachment A to this banner message. *Please note the enhanced payment only applies to the identified codes.* Thus, if the provider is billing codes that are not identified in the attached list, the enhanced payment does not apply.

**Physician Services-Vaccine Administration**

The state reimburses vaccine administration furnished by physicians meeting the requirements of 42 CFR 447.00(a) at the regional maximum administration fee set by the Vaccines for Children Program in 2014 for code 90460. Codes 90471 and 90472 are reimbursed at the Medicare fee schedule in effect for the Calendar Year 2014 under the ACA rate increase for Medicaid primary care and vaccine administration.

**Beginning July 1, 2017,** codes 90473 and 90474 are also reimbursed at the Calendar Year 2014 Medicare fee schedule. Each of these codes along with the rates are listed in Attachment A to this banner message. *Please note the enhanced rate only applies to the identified codes.* Thus, if the provider is billing codes that are not identified in the attached list, the enhanced rate does not apply.

**New Provisions for Providers Who Previously Attested, but Failed to Attest at All Locations, Moved to A New Practice, or Closed a Practice:**

Effective March 1, 2018, the Department implemented additional provisions for those providers who previously attested, but failed to attest at all locations, moved to a new practice, or closed an office. These provisions are retroactive to July 1, 2017. Providers that fall within the categories listed below are eligible to receive the enhanced rate increase:

1. Providers who attested in Calendar Year 2013 or 2014 (under the Affordable Care Act) or who attested per the provisions of House Bill 751 (which became effective on July 1, 2016) but failed to attest at ALL locations are eligible to receive the enhanced rates at the additional enrolled locations;
2. Providers who attested in Calendar Year 2013 or Calendar Year 2014 (under the Affordable Care Act) or who attested per the provisions of House Bill 751 (which became effective on July 1, 2016) who have closed an attested location and opened a new location or joined a new practice are eligible to receive the enhanced rates at the additional enrolled locations;
3. Providers who attested in Calendar Year 2013 or Calendar Year 2014 (under the Affordable Care Act) or who attested per the provisions of House Bill 751 (which became effective on July 1, 2016) who have opened a new office location (no other office closures) are eligible to receive the enhanced rates at the new office location.

Providers that fall within one or more of the three categories listed above will receive the enhanced rate. In some instances, the enhanced rate will be retroactive to July 1, 2017. In
other instances, the enhanced rate will be effective on a date after July 1, 2017. Please see the examples below for clarification. *Providers who have already attested are not required to take any action to begin receiving the enhanced rate under House Bill 44. The Department will automatically apply the enhanced rates to the additional, missed, and new locations described in the numbered paragraphs above.*

a. Examples:

i. Provider John Doe practices at five (5) enrolled locations. Provider John Doe was licensed and attested in Calendar Year 2013 or 2014, per the provisions of the Affordable Care Act, but only attested at three (3) of his locations. Provider John Doe did NOT attest at the remaining two (2) locations. Provider John Doe will now receive the enhanced rate at the remaining two locations with an **effective date of July 1, 2017**. (For clarification, this provider received an effective date of July 1, 2017 because House Bill 44 became effective July 1, 2017. Additionally, the provider attested prior to July 1, 2017. Thus, the earliest date the provider would be eligible to receive the enhanced rate for the two (2) missed locations is July 1, 2017.)

ii. Provider Jane Doe practices at five (5) enrolled locations. Provider Jane Doe was licensed and enrolled as a Medicaid provider in Calendar Year 2013 and Calendar Year 2014. Provider Jane Doe was eligible to attest in 2013 and 2014, but did NOT attest at any locations in Calendar Year 2013 or Calendar Year 2014. Provider Jane Doe is NOT eligible for the rate increase. (For clarification, this provider is not eligible to receive the enhanced rate because the provider did not attest during Calendar Year 2013 and Calendar Year 2014. The time period to attest is now closed for all providers except those who are newly licensed as of January 1, 2015.)

iii. Provider John Doe practices at five (5) enrolled locations. Provider John Doe attested in Calendar Year 2013 or 2014, per the provisions of the Affordable Care Act, at all five (5) locations. Provider John Doe opened and enrolled a sixth location in **2016**. Provider John Doe will receive the enhanced rate at the sixth location with an **effective date of July 1, 2017**. (For clarification, this provider received an effective date of July 1, 2017 because House Bill 44 became effective July 1, 2017. Although the provider opened the sixth location prior to the effective date of House Bill 44, the earliest date the provider would be eligible to receive the enhanced rate is the July 1, 2017.)

iv. Provider John Doe practices at five (5) enrolled locations. Provider John Doe attested in Calendar Year 2013 or 2014 per the provisions of the Affordable Care Act at all locations. Provider John Doe opened a sixth location in **September 2017**. Provider John will receive the enhanced rate at the sixth location with an **effective date of September 1, 2017**. (For clarification, this provider received an effective date of September 1, 2017 because the provider opened the sixth location after the implementation of House Bill 44. Thus, the earliest date the provider is eligible to receive the enhanced rate at the sixth location is September 1, 2017.)
v. Provider John Doe attested in Calendar Year 2013 or 2014, per the provisions of the Affordable Care Act, while working at location A. In 2016, Provider John Doe resigned his position at location A and joined a new practice. Provider John Doe will receive the enhanced rate increase at the new location with an effective date of July 1, 2017. (For clarification, this provider received an effective date of July 1, 2017 because House Bill 44 became effective July 1, 2017. Although the provider joined the new practice prior to the implementation of House Bill 44, the earliest date the provider can received the enhanced rate at the new location is July 1, 2017.)

vi. Provider John Doe attested in Calendar Year 2013 or 2014, per the provisions of the Affordable Care Act, while working at location A. In September 2017, John Doe resigned his position at location A and joined a new practice. Provider John Doe will receive the enhanced rate increase at the new location with an effective date of September 1, 2017. (For clarification, this provider received an effective date of September 1, 2017 because the provider joined the new practice after the implementation of House Bill 44. Thus, the earliest date the provider is eligible to receive the enhanced rate at the new practice is September 1, 2017.).

vii. Provider Jane Doe became newly licensed on January 5, 2015. Provider Jane Doe practiced at five (5) enrolled locations. Provider Jane Doe attested in July 2016, per the provisions of House Bill 751, which took effect on July 1, 2016. Provider Jane Doe only attested at three (3) of her enrolled locations. Provider Jane Doe did NOT attest at the remaining two (2) locations. Provider Jane Doe will now receive the enhanced rate at the remaining two locations, with an effective date of July 1, 2017. (For clarification, this provider received an effective date of July 1, 2017 because House Bill 44 became effective July 1, 2017. Although this provider attested prior to the implementation of House Bill 44, the earliest date the provider would be eligible to receive the enhanced rate is July 1, 2017.)

viii. Provider Jane Doe became newly licensed in February 2017. Provider Jane Doe attested as a newly licensed provider, per the provisions of House Bill 751, in February 2017. Provider Jane Doe attested at five (5) locations. Provider Jane Doe opened and enrolled a sixth location in December 2017. Provider John Doe will receive the enhanced rate at the sixth location effective December 1, 2017. (For clarification, under this scenario, the provider received an effective date of December 1, 2017 because the sixth location was opened and enrolled after the implementation of House Bill 44. Thus, the earliest date the provider can receive the enhanced rate at the sixth location is December 1, 2017.)

ix. Provider John Doe became newly licensed in January 2018. Provider John Doe attested in January 2018, per the provisions of House Bill 751, while working at location A. In March 2018, Provider John Doe resigned
his position at location A and joined a new practice. Provider John Doe will receive the enhanced rate increase at the new location with an **effective date of March 1, 2018**. (For clarification, under this scenario, the provider received an effective date of March 1, 2018 because he joined the new practice after the implementation of House Bill 44. Thus, the earliest date the provider can receive the enhanced rate at the new location is March 1, 2018.)

*For those instances, wherein the enhanced rate is retroactive to July 1, 2017, the Department will perform a mass reprocessing of all eligible Fee-For-Service claims in April 2018. The Care Management Organizations (CMO) will also perform a mass reprocessing of eligible CMO claims.*

As always, we thank you for your continued participation as a Medicaid/PeachCare for Kids provider. Should you have additional questions regarding the contents of this banner message, please contact the DXC Provider Call Center at 1-800-766-4456.