# **Instructions for PCP Attestation**

- 1) The first step is to log on to the DMO website with your appropriate credentials.
- 2) Next, select "click here" from the DMO home page.



3) The subsequent page will have detailed information and requirements related to the PCP increased payments. Please read this material carefully.

# Primary Care Physicians' Certification and Attestation for Primary Care Rate Increase

Pursuant to federal law the Med-QUEST Division (MQD) will be increasing reimbursement for primary care services furnished by or under the personal supervision of certain physicians for dates of service January 1, 2013 through December 31, 2014. The increased payments are require by Sections 1902(a) (13), 1902 (jj), 1905 (dd) and 1932(f) of the Social Security Act and federal regulations in 42 CFR Parts 438, 441, and 447. These regulations are described in the final rule published in 77 Federal Register 66670 on November 6, 2012.

The increased payments are mandated by Section 1202 of the Affordable Care Act (ACA) which requires Medicaid programs to pay fees to designated physicians that are no less than the Medicare fee schedule in effect for 2013 and 2014 or the fee schedule rate that would result from applying the 2009 Medicare physician fee schedule conversion factor to the 2013 or 2014 Medicare payment rates, whichever is greater. The increased payment requirements apply to primary care and vaccine administration services described by the following codes provided they are covered by the Medicaid program:

- Current Procedural Terminology (CPT) Evaluation and Management (E&M) Codes 99201 through 99499, and
   Current Procedural Terminology (CPT) vaccine administration codes 90460, 90461, 90471, 90472, 90473, 90474 or their successor codes.

Increased payment rates may apply to nurse practitioners (NP) and physician assistants (PA) when they practice under the supervision of a qualified physician.

Physicians who meet the criteria below must complete and submit the Attestation form to receive enhanced reimbursement. Physicians must also complete and submit Supplemental Form B. for each NP or PA that is under their supervision if applicable

#### **Criteria For Qualification:**

Increases in reimbursement are limited to physicians who attest that they are either:

- Practicing in the specialty of family medicine, general internal medicine, or pediatric medicine, or a subspecialty of one of these specialties recognized by the American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Physician Specialties ( refer to the application form); and

- a. Are board certified in the eligible specialty in which they practice, or
   b. Have billed at least 60% of Medicaid services provided, using the E&M and vaccine administration codes list above, during calendar year 2012. For newly eligible physicians, the 60% billing requirement will apply to Medicaid claims for the prior month.

For additional information visit the address below and look in the Providers section under the PCP Increase section.

### Section I: Information

To qualify under federal law for increased payments for certain services billed during calendar year 2013 and 2014, physicians must attest that they practice family medicine, general internal medicine or pediatric medicine or a subspecialty of one of those three specialties recognized by the American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Physician Specialties. Federal regulation 42 CFR 447.400 requires that the physician must attest to practicing one of the designated specialties or subspecialties and must attest that s/he:

- 1. Is Board certified in family medicine, general internal medicine, or pediatric medicine or in a subspecialty of family medicine, general
- internal medicine, or pediatric medicine; or

  Has billed at least 60% of the Medicaid services during calendar year 2012 using designated E&M or vaccine administration services codes.

  For newly eligible physicians, the 60% billing qualification will be determined based on certain Medicaid services for the prior month to the physician's enrollment as a MQD physician.

- 4) After reading, scroll down to 'Section II: Provider Information' and input the email address that can be used to contact the PCP.
- 5) In the same section, select the radio button that best represents the condition under which the PCP qualifies for increased payments.



6) If attesting using Board Certification, scroll down to the 'Specialties' section and enter a begin date (and end date if applicable) for all applicable specialties/sub specialties. Otherwise, skip this section.

Specialties		
Specialty	Certification Begin	Certification End
Family Medicine	//	//
Internal Medicine	02/07/2005	01/31/2014
Pediatrics	/	//
Family Medicine		
Sub Specialty	Certification Begin	Certification End
Adolescent Medicine	//	//
Geriatric Medicine	//	//
Hospice and Palliative Medicine	//	//
Sleep Medicine	//	//
Sports Medicine	//	//
Internal Medicine		
Sub Specialty	Certification Begin	Certification End
Adolescent Medicine	//	//
Allergy/Immunology	/	//
Cardiovascular Medicine	//	//
Clinical Cardiac Electrophysiology	//	//
Critical Care Medicine	//	//
Endocrinology	//	//
Diabetes	/	//
Gastroenterology	/	//
Geriatric Medicine	//	//
Hematology Hospice and Palliative Medicine	//	//
nospice and Palliauve Medicine Infectious Disease	/	//
Oncology	/	//
Nephrology	/	//
Pulmonary Disease	//	//
Rheumatology	//	//
Sleep Medicine	//	//
Sports Medicine	//	//
Transplant Hepatology	//	//
Pediatrics		
Sub Specialty	Certification Begin	Certification End
Adolescent Medicine	//	//
Developmental-Behavioral Pediatrics	//	//
Hospice and Palliative Medicine	//	//
Medical Toxicology	//	//
Neurodevelopmental Disabilities	//	//
Pediatric Allergy	//	//
Cardiology	/	//
Critical Care Medicine	/	/
Pediatric Emergency Medicine	/	//
Pediatric Endocrinology	/	//
Gastroenterology	//	//
Pediatric Hematology-Oncology Pediatric Hematology	/	//
	/	//
	//	
Nephrology	//	//
Nephrology Pediatric Pulmonology	// //	// //
Infectious Diseases Nephrology Pediatric Pulmonology Rheumatology Sleep Medicine	//	//

7) Scroll down to 'Section III: Board Certification', to 'Section IV: 60% Attestation (Current Provider)', and to 'Section V: Attestation (New Provider)'. Please read the section that refers to your type of attestation carefully.

#### Section III: Board Certification

For purposes of receiving these increased payments, Board certified means the physician has received certification from the American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Physician Specialties in one of the specialties of family medicine, general internal medicine, or pediatric medicine or a subspecialty of family medicine, general internal medicine, or pediatric medicine recognized by one of those three certification authorities.

I attest that I am board certified in one of the three qualifying specialties or a sub-specialty of one of the above three specialties recognized by the American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Physician Specialties.

I hereby attest that the information submitted is in compliance with Federal and State Regulations and is current, complete and accurate to the best of my knowledge and belief. I understand that payment of claims will include monies from federal funds and I also understand that whoever knowingly and willfully makes or causes to be made a false statement or representation may be prosecuted under the applicable federal and state

Note: Nurse Practitioners (NP) and Physician Assistants (PA) who practice under supervision of a physician in one the specialties or sub specialties described above are eligible for enhanced reimbursement. Physicians must complete Form B (hyperlink) in order for the Nurse Practitioner or Physician Assistant to receive enhanced reimbursement for the designated services.

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#### Section IV: 60% Attestation (Current Provider)

"Meet the 60% requirements" means that 60% or more of Medicaid paid claims during calendar year 2012 were for the applicable codes noted below. The applicable codes are: Current Procedural Terminology (CPT) Evaluation and Management (E&M) Codes 99201 through 99499, and CPT vaccine administration codes 90460, 90461, 90471, 90472, 90473, 90474 or their successor codes.

I attest that I am a primary care physician or subspecialist who works in one or more of the specialty designations noted in Section I, but I do not have a certification recognized by American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Physician Specialties but I have billed at least 60% of the services provided to Medicaid members during calendar year 2012 using the designated E&M or vaccine administration services codes.

I hereby attest that the information submitted is in compliance with Federal and State Regulations and is current, complete and accurate to the best of my knowledge and belief. I understand that payment of claims will include monies from federal funds and I also understand that whoever knowingly and willfully makes or causes to be made a false statement or representation may be prosecuted under the applicable federal and state laws.

Note: Nurse Practitioners (NP) and Physician Assistants (PA) who practice under supervision of a physician described above are eligible for enhanced reimbursement. Physicians must complete Form B (hyperlink) in order for the Physician Assistant and Nurse practitioner to receive enhanced reimbursement for the designated services.

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# Section V: Attestation (New Provider)

"Meet the 60% requirements" means that 60% or more of Medicaid paid claims during calendar year 2012 were for the applicable codes noted below. The applicable codes are: Current Procedural Terminology (CPT) Evaluation and Management (E&M) Codes 99201 through 99499, and CPT vaccine administration codes 90460, 90461, 90471, 90472, 90473, 90474 or their successor codes.

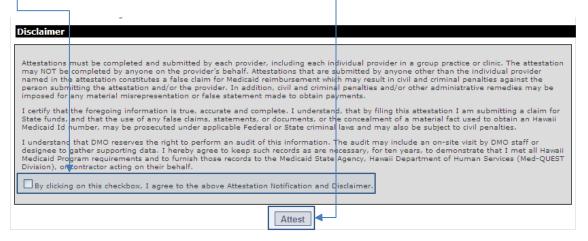
The applicable codes are: Current Procedural Terminology (CPT) Evaluation and Management (E&M) Codes 99201 through 99499, and CPT vaccine administration codes 90460, 90461, 90471, 90472, 90473, 90474 or their successor codes.

I attest that I am a primary care physician or subspecialist who works in one or more of the specialty designations noted in Section I, but I do not have a certification recognized by American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Physician Specialties but I have billed at least 60% of the services provided to Medicaid members during the prior month using the designated ERM or vaccine administration services codes.

I hereby attest that the information submitted is in compliance with Federal and State Regulations and is current, complete and accurate to the best of my knowledge and belief. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation may be prosecuted under the applicable federal and state laws.

Note: Nurse Practitioners (NP) and Physician Assistants (PA) who practice under supervision of a physician described above are eligible for enhanced reimbursement. Physicians must complete Form B in order for the Physician Assistant and Nurse Practitioner to receive enhanced reimbursement for the designated services.

8) Scroll down to the 'Disclaimer' section and read the information. Please note that any discrepancy that Med-QUEST Division finds with a physician's self-attestation will be considered a false claim for Medicaid reimbursement. When ready, mark the disclaimer box indicating agreement. When done, click the 'Attest' box below the disclaimer section to complete PCP Attestation.



# 9) Successful PCP Attestation screen!

### **PCP Attestation**

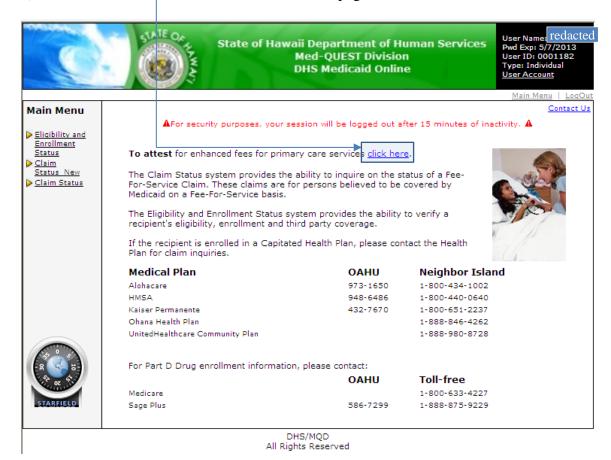
Add PA/NP

Successful PCP Attestation!
If you feel the information below is incorrect, please contact Xerox Provider Relations for Med-QUEST Division at 808-952-5570 press 3.

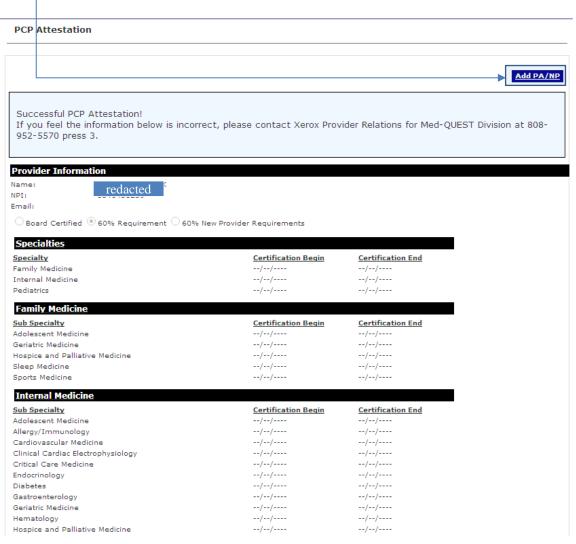
Provider Information		
Name		
NPI: redacted		
Email:		
Board Certified   60% Requirement 60%		
O Board Certified © 60% Requirement O 60%	New Provider Requirements	
Specialties		
Specialty	Certification Begin	Certification End
Family Medicine	//	//
Internal Medicine	/	//
Pediatrics	/	//
Family Medicine		
Sub Specialty	Certification Begin	Certification End
Adolescent Medicine	/	//
Geriatric Medicine	/	//
Hospice and Palliative Medicine	//	//
Sleep Medicine	//	//
Sports Medicine	//	//
Internal Medicine		
<u>Sub Specialty</u>	Certification Begin	Certification End
Adolescent Medicine	//	//
Allergy/Immunology	/	//
Cardiovascular Medicine	/	//
Clinical Cardiac Electrophysiology	/	//
Critical Care Medicine	/	//
Endocrinology	/	//
Diabetes	/	//
Gastroenterology	/	//
Geriatric Medicine	/	//
Hematology Hospice and Palliative Medicine	/	//
nospice and Palliative Medicine	//	//

# **Instructions for NP/PA Attestation**

- 1) The first step is to log on to the DMO website with your appropriate credentials.
- 2) Next, select "click here" from the DMO home page.



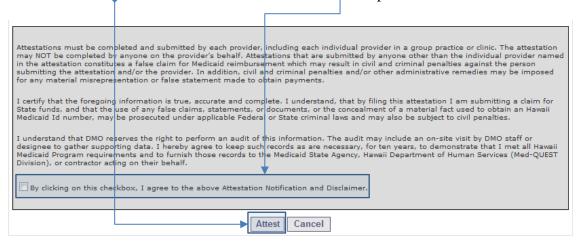
3) After you complete the PCP Attestation, the following screen will appear. Select the "Add PA/NP" button on the right hand side of the screen.



4) When the following screen appears, complete the NPI, Begin Date, and End Date fields. Input the NPI value of the NP/PA that the PCP is attesting for.

	Physician Assistants (PA) / Nurse Practitioners (NP) Supplemental Form B Primary Care Physicians' Certification and Attestation for Primary Care Rate Increase
In	structions:
Spe adr Phy	ysicians who attest to practicing in an eligible primary care specialty or subspecialty and either have a certification in that eligible specialty or sospecialty recognized by the American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Physician ecialties and/or do not have such a board certification but meets the 60% criteria for paid claims for Medicaid services (E &M and vaccine ministration codes), shall identify below the Physician Assistants (PA) and Nurse Practitioners (NP) who practice under their supervision. ysicians must complete the following in order to receive enhanced payments for the non-physician practitioners under their supervision.
	<b>★</b>
NP	Verify NPI
Be	gin Date of practice under my supervision:
End	d Date of Practice under my supervision:
PC	P Indicator 60% Requirement
NO	OTE *Physicians must notify DMO within 30 days of a Physician Assistant or Nurse Practitioner leave their practice.

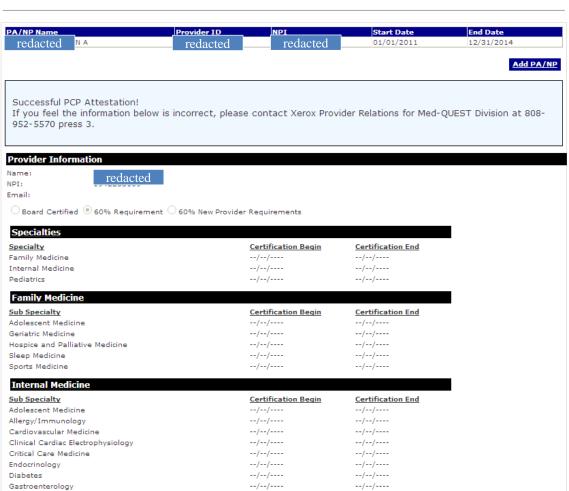
5) Near the bottom of the page, mark the disclaimer box near the bottom. When done, click the 'Attest' box below the disclaimer section to complete PCP Attestation.



# 6) Successful NP/PA Attestation screen!

#### **PCP Attestation**

Geriatric Medicine



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