

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.

State of Hawaii Department of Human Services
Med-QUEST Division
DHS Medicaid Online

User Name: redacted
Pwd Exp: 5/7/2013
User ID: 0001182
Type: Individual
User Account

Main Menu | LogOut
[Contact Us](#)

▲For security purposes, your session will be logged out after 15 minutes of inactivity. ▲

To attest for enhanced fees for primary care services [click here.](#)

The Claim Status system provides the ability to inquire on the status of a Fee-For-Service Claim. These claims are for persons believed to be covered by Medicaid on a Fee-For-Service basis.

The Eligibility and Enrollment Status system provides the ability to verify a recipient's eligibility, enrollment and third party coverage.

If the recipient is enrolled in a Capitated Health Plan, please contact the Health Plan for claim inquiries.

| Medical Plan | OAHU | Neighbor Island |
|---------------------------------|----------|-----------------|
| AlohaCare | 973-1650 | 1-800-434-1002 |
| HMSA | 948-6486 | 1-800-440-0640 |
| Kaiser Permanente | 432-7670 | 1-800-651-2237 |
| Ohana Health Plan | | 1-888-846-4262 |
| UnitedHealthcare Community Plan | | 1-888-980-8728 |

For Part D Drug enrollment information, please contact:

| | OAHU | Toll-free |
|-----------|----------|----------------|
| Medicare | | 1-800-633-4227 |
| Sage Plus | 586-7299 | 1-888-875-9229 |

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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

Introduction/Instruction:

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 required 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:

1. 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
2.
 - 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.

www.med-quest.us

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
2. 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.

Section II: Provider Information

Name:

NPI:

Email:

Check one of the following:

- I Meet the Board Certification Requirements [Board Certification Requirements](#)
-OR-
- I Meet the 60% Requirements [60% Requirements](#)
-OR-
- I Meet the 60% New Provider Requirements [60% New Provider Requirements](#)

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 | | |
|-------------------------------------|----------------------------|--------------------------|
| <u>Specialty</u> | <u>Certification Begin</u> | <u>Certification End</u> |
| Family Medicine | --/--/---- | --/--/---- |
| Internal Medicine | 02/07/2005 | 01/31/2014 |
| Pediatrics | --/--/---- | --/--/---- |
| Family Medicine | | |
| <u>Sub Specialty</u> | <u>Certification Begin</u> | <u>Certification End</u> |
| Adolescent Medicine | --/--/---- | --/--/---- |
| Geriatric Medicine | --/--/---- | --/--/---- |
| Hospice and Palliative Medicine | --/--/---- | --/--/---- |
| Sleep Medicine | --/--/---- | --/--/---- |
| Sports Medicine | --/--/---- | --/--/---- |
| Internal Medicine | | |
| <u>Sub Specialty</u> | <u>Certification Begin</u> | <u>Certification End</u> |
| Adolescent Medicine | --/--/---- | --/--/---- |
| Allergy/Immunology | --/--/---- | --/--/---- |
| Cardiovascular Medicine | --/--/---- | --/--/---- |
| Clinical Cardiac Electrophysiology | --/--/---- | --/--/---- |
| Critical Care Medicine | --/--/---- | --/--/---- |
| Endocrinology | --/--/---- | --/--/---- |
| Diabetes | --/--/---- | --/--/---- |
| Gastroenterology | --/--/---- | --/--/---- |
| Geriatric Medicine | --/--/---- | --/--/---- |
| Hematology | --/--/---- | --/--/---- |
| Hospice and Palliative Medicine | --/--/---- | --/--/---- |
| Infectious Disease | --/--/---- | --/--/---- |
| Oncology | --/--/---- | --/--/---- |
| Nephrology | --/--/---- | --/--/---- |
| Pulmonary Disease | --/--/---- | --/--/---- |
| Rheumatology | --/--/---- | --/--/---- |
| Sleep Medicine | --/--/---- | --/--/---- |
| Sports Medicine | --/--/---- | --/--/---- |
| Transplant Hepatology | --/--/---- | --/--/---- |
| Pediatrics | | |
| <u>Sub Specialty</u> | <u>Certification Begin</u> | <u>Certification End</u> |
| 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 | --/--/---- | --/--/---- |
| Infectious Diseases | --/--/---- | --/--/---- |
| Nephrology | --/--/---- | --/--/---- |
| Pediatric Pulmonology | --/--/---- | --/--/---- |
| Rheumatology | --/--/---- | --/--/---- |
| Sleep Medicine | --/--/---- | --/--/---- |
| Sports 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

[Link](#)

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 laws.

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 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 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.

Disclaimer

Attestations must be completed and submitted by each provider, including each individual provider in a group practice or clinic. The attestation may NOT be completed by anyone on the provider's behalf. Attestations that are submitted by anyone other than the individual provider named in the attestation constitutes a false claim for Medicaid reimbursement which may result in civil and criminal penalties against the person submitting the attestation and/or the provider. In addition, civil and criminal penalties and/or other administrative remedies may be imposed for any material misrepresentation or false statement made to obtain payments.

I certify that the foregoing information is true, accurate and complete. I understand, that by filing this attestation I am submitting a claim for State funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain an Hawaii Medicaid Id number, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

I understand that DMO reserves the right to perform an audit of this information. The audit may include an on-site visit by DMO staff or designee to gather supporting data. I hereby agree to keep such records as are necessary, for ten years, to demonstrate that I met all Hawaii Medicaid Program requirements and to furnish those records to the Medicaid State Agency, Hawaii Department of Human Services (Med-QUEST Division), or contractor acting on their behalf.

By clicking on this checkbox, I agree to the above Attestation Notification and Disclaimer.

Attest

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:

redacted

NPI:

Email:

Board Certified 60% Requirement 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

| 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 | --/------ | --/------ |

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.

State of Hawaii Department of Human Services
Med-QUEST Division
DHS Medicaid Online

User Name: redacted
Pwd Exp: 5/7/2013
User ID: 0001182
Type: Individual
User Account

Main Menu | LogOut
[Contact Us](#)

▲For security purposes, your session will be logged out after 15 minutes of inactivity. ▲

To attest for enhanced fees for primary care services [click here.](#)

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|-----------|----------|----------------|
| Medicare | | 1-800-633-4227 |
| Sage Plus | 586-7299 | 1-888-875-9229 |

STARFIELD

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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.

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: redacted

NPI: _____

Email: _____

Board Certified
 60% Requirement
 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

| 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 | --/--/---- | --/--/---- |

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**

Instructions:

Physicians who attest to practicing in an eligible primary care specialty or subspecialty and either have a certification in that eligible specialty or subspecialty recognized by the American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Physician Specialties and/or do not have such a board certification but meets the 60% criteria for paid claims for Medicaid services (E & M and vaccine administration codes), shall identify below the Physician Assistants (PA) and Nurse Practitioners (NP) who practice under their supervision. Physicians must complete the following in order to receive enhanced payments for the non-physician practitioners under their supervision.

One form must be completed for each PA or NP.

NPI:

Begin Date of practice under my supervision:

End Date of Practice under my supervision:

PCP Indicator 60% Requirement

NOTE *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.

Attestations must be completed and submitted by each provider, including each individual provider in a group practice or clinic. The attestation may NOT be completed by anyone on the provider's behalf. Attestations that are submitted by anyone other than the individual provider named in the attestation constitutes a false claim for Medicaid reimbursement which may result in civil and criminal penalties against the person submitting the attestation and/or the provider. In addition, civil and criminal penalties and/or other administrative remedies may be imposed for any material misrepresentation or false statement made to obtain payments.

I certify that the foregoing information is true, accurate and complete. I understand, that by filing this attestation I am submitting a claim for State funds, and that the use of any false claims, statements, or documents, or the concealment of a material fact used to obtain an Hawaii Medicaid Id number, may be prosecuted under applicable Federal or State criminal laws and may also be subject to civil penalties.

I understand that DMO reserves the right to perform an audit of this information. The audit may include an on-site visit by DMO staff or designee to gather supporting data. I hereby agree to keep such records as are necessary, for ten years, to demonstrate that I met all Hawaii Medicaid Program requirements and to furnish those records to the Medicaid State Agency, Hawaii Department of Human Services (Med-QUEST Division), or contractor acting on their behalf.

By clicking on this checkbox, I agree to the above Attestation Notification and Disclaimer.

6) Successful NP/PA Attestation screen!

PCP Attestation

| PA/NP Name | Provider ID | NPT | Start Date | End Date |
|--------------|-------------|----------|------------|------------|
| redacted N A | redacted | redacted | 01/01/2011 | 12/31/2014 |

[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: redacted
 NPI: redacted
 Email:

Board Certified
 60% Requirement
 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

| Sub Specialty | Certification Begin | Certification End |
|------------------------------------|---------------------|-------------------|
| Adolescent Medicine | --/--/---- | --/--/---- |
| Allergy/Immunology | --/--/---- | --/--/---- |
| Cardiovascular Medicine | --/--/---- | --/--/---- |
| Clinical Cardiac Electrophysiology | --/--/---- | --/--/---- |
| Critical Care Medicine | --/--/---- | --/--/---- |
| Endocrinology | --/--/---- | --/--/---- |
| Diabetes | --/--/---- | --/--/---- |
| Gastroenterology | --/--/---- | --/--/---- |
| Geriatric Medicine | --/--/---- | --/--/---- |