

<b>ISSUE DATE</b> February 18, 2014	<b>EFFECTIVE DATE</b> January 2, 2014	<b>NUMBER</b> 31-14-12
<b>SUBJECT</b> Sample Review of Physicians Receiving Increased Fees for Select Primary Care Services		<b>BY</b>  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** On **October 1, 2014**, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. Additional information is available on the DPW website at: [http://www.dpw.state.pa.us/provider/icd10information/P\\_012571](http://www.dpw.state.pa.us/provider/icd10information/P_012571)

**PURPOSE:**

The purpose of this Medical Assistance (MA) Bulletin is to inform physicians that the Department of Public Welfare (Department) will review a sampling of physicians who received increased payment for select primary care services under Section 1202 of the Patient Protection and Affordable Care Act.

**SCOPE:**

This bulletin applies to MA enrolled physicians in the MA fee-for-service and managed care delivery systems who: 1) attested to Board Certification in one of the specified specialties; or 2) attested that 60 percent of their claims in the previous year were for specified primary care services.

**BACKGROUND:**

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 the implementing federal regulations require state Medicaid programs to pay increased fees for select primary care services to qualifying physicians in Calendar Years (CY) 2013 and 2014.

The Department issued MA Bulletins to physicians notifying them of the fee increases and the procedures to qualify for the increased fees. See MA Bulletins 31-13-11 titled “Medical Assistance Program Fee Increase for Select Primacy Care Services and Physician Attestation Form”, 31-13-32 titled “Revised Physician Attestation Form for Primary Care Services’ and 31-13-34 titled “Implementation of the Medical Assistance Program’s Physician Fee Increases for Select Primary Care Services”.

Providers were able to qualify for the increased fees by self-attesting that:

**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  
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- 1) He or she is board certified with a specialty or subspecialty of family medicine, general internal medicine or pediatric medicine or a subspecialty recognized by the American Board of Medical Specialties, the American Board of Physician Specialties or the American Osteopathic Association; or
- 2) At least 60% of the physician's billings for services rendered to Medicaid beneficiaries were for the Evaluation and Management services and/or the vaccine administration codes, or their successor procedure codes, designated by the Centers for Medicare & Medicaid Services.

Federal implementing regulation at 42 CFR 447.400 (relating to primary care services furnished by physicians with a specified specialty or subspecialty) requires that at the end of 2013 and 2014, the Department review a statistically valid sample of physicians who received higher payment to verify that the physician met the qualifications for increased payment.

**PROCEDURE:**

In January 2014, the Department will review a sampling of MA Program enrolled physicians who received the increased payment in 2013 for select primary care services to verify that they met the requirements for increased payments.

Additionally, in January 2015, the Department will review a sampling of MA Program enrolled physicians who received the increased payment in 2014 for select primary care services to verify that they met the requirements for increased payments.

The Department will notify, in writing, physicians who:

- 1) self-attested to board certification and failed to submit a copy of their board certification to the Department's Enrollment Unit; or
- 2) self-attested that 60 percent of their claims billing threshold were for the select primary care services and the sampling by the Department determined the physician did not meet the 60 percent billing threshold.

The Department's notice will include appeal rights and procedure for the physicians who were determined not to qualify for the increased payments.

The Department will pursue recovery of the increased primary care services fee payment for MA enrolled physicians who did not meet the ACA requirements.