pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Medical Assistance Program Fee Increase for Select Primary Care Services Physician Attestation Form

Attestation Form Instructions

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 regulations, require state Medicaid programs to pay increased fees for certain primary care services to qualifying physicians that are no less than the Medicare rates in effect in Calendar Year (CY) 2013 and 2014. 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.

To qualify for the increased fees, among other things, you must complete and submit a signed Attestation Form in which you self-attest to a specialty or subspecialty 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); and, that

a) You are board certified with a 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 your billings for services rendered to Medicaid beneficiaries were for Healthcare Common Procedure Coding System (HCPCS) Evaluation and Management (E&M) procedure codes 99201 through 99499, Current Procedural Terminology (CPT) vaccine administration codes 90460, 90461, 90471, 90472, and/or the toxoid vaccine product codes listed below currently used by the MA Program for purposes of vaccine administration payment.

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

If you attest that you qualify for the increased fees based on your board certification, you must also provide documentation of current board certification in family medicine, internal medicine or pediatric medicine as granted by the ABPS, the ABMS or the AOA to OMAP on or before December 31, 2013. If your board certification documentation is valid through December 31, 2014, you will continue to be eligible for the enhanced primary care payment rates in 2014. If

your board certification expires prior to the end of 2014, you must submit a new attestation and updated board certification to continue to qualify for the increased primary care fees.

If you attest that you qualify for the increased fees because your claims meet the 60% threshold, you should note that

- If you were enrolled as an MA provider for the entire previous CY, you are attesting that at least 60% of Medicaid-billed codes during the entire previous calendar year are qualifying E&M, vaccine administration, and/or vaccine product codes.
- If you have been enrolled as an MA provider for less than one full calendar month, or if you newly enroll as an MA Provider 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. You are attesting that at least 60% of Medicaid-billed codes from your enrollment date through the calendar month of the date in which you attest are qualifying E&M, vaccine administration, and/or vaccine product codes.
    - If you have been enrolled as an MA provider for one full calendar month or more in 2013, but less than the full calendar year in 2012, you are attesting that at least 60% of Medicaid-billed codes billed from your enrollment date in 2012 to the day in which you attest are the qualifying E&M and vaccine administration or product codes.
    - If you have been enrolled as an MA provider for one full calendar month or more in 2014, but less than the full calendar year in 2013, you are attesting that at least 60% of Medicaid-billed codes billed from your enrollment date in 2013 to the day in which you attest are the qualifying E&M and vaccine administration or product codes.

PROCESS FOR SUBMISSION OF DOCUMENTS:

Attestation Forms and board certifications 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

*If you are not already enrolled as a physician (PT 31) with one of the three specified provider specialties, you must update your enrollment information to include a primary specialty of family medicine (PS 316), internal medicine (PS 322) or pediatric medicine (PS 345) in addition to submitting an Attestation Form. The Department will not pay the increased primary care service fee for your claims unless and until your enrollment file is updated with the required specialty designation. Please see visit the Department's website for more information on updating your enrollment file at: http://www.dpw.state.pa.us/provider/promise/enrollmentinformation/index.htm. If any of the information on your Attestation Form changes, you must submit a new Attestation Form with updated information within 30 calendar days of the change(s).

If any of the information submitted to the Department (including any errors or inaccuracies on your Attestation Form), please notify Provider Enrollment immediately via the submission methods above.

Medical Assistance Program Fee Increase for Select Primary Care Services Physician Attestation Form for Calendar Years 2013-2014

Please complete the information in the sections I and III or IV, sign and return per the instructions
NOTE: EACH physician must complete an Attestation Form to be considered to meet eligibility requirements. PRINT CLEARLY.

SECTION I: PHYSICIAN INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
PRACTICE NAME (Optional)	INDIVIDUAL NPI#	13-DIGIT PROVIDER ID(s)
DESIGNATED CONTACT NAME	DESIGNATED CONTACT PHONE NUMBER	DESIGNATED CONTACT E-MAIL ADDRESS

Check specialty(s) that apply:

☐ Family Medicine ☐ Internal Medicine ☐ Pediatric Medicine

AND ☐ Subspecialty (if applicable)_____

SECTION II: INFORMATION – ELIGIBILTY FOR PRIMARY CARE RATE INCREASE

Section 1202 of the ACA and the implementing regulations require states to increase fees for specified primary care services to at least the Medicare Physician Fee Schedule rate in effect for calendar years (CYs) 2013 and 2014, or if higher, the CY 2009 Medicare conversion from January 1, 2013 through December 31, 2014. The regulation at 42 CFR § 447.400, provides that in order to be eligible for the increased payment the services must be provided by a physician as defined in 42 CFR § 440.50, or under the personal supervision of a physician with specialty designation in family practice, general internal medicine and pediatrics or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA); **and the physician self-attests that the physician**

- Is board certified with such a specialty or subspecialty as set forth above; **or**
- has furnished evaluation and management (E&M) and vaccines services that equal at least 60% of the Medicaid codes billed a) during the most recently completed Calendar Year or, b) for newly enrolled physicians the prior month plus a partial year or, c) the prior month(s) in the current year if newly enrolled the current year.

SECTION III: AMERICAN BOARD OF MEDICAL CERTIFICATION - (COMPLETE THIS SECTION IF PHYSICIAN IS BOARD CERTIFIED)

Complete this section **only** if you have a certification from American Board of Medical Specialties (ABMS), American Board of Pediatric Specialties (ABPS), or American Osteopathic Association (AOA).

CERTIFICATION BOARD NAME:	CERT BEGIN DATE:	CERT END DATE:

I attest that I am an eligible primary care physician or subspecialist and have a certification issued by the ABMS, ABPS, or AOA. I attest that the information submitted in this attestation is true and accurate. I understand that any false statements made herein are subject to the penalties contained in 18 PA. C.S. § 4904, relating to any unsworn falsifications to authorities.

SIGNATURE	PRINTED NAME	DATE

SECTION IV: 60% ATTESTATION - (COMPLETE THIS SECTION IF PHYSICIAN IS NOT BOARD CERTIFIED)

Complete this section **only** if you are NOT board certified as described above, but at least 60% of the Medicaid codes that you billed are Evaluation and Management (E&M) Codes: 99201 through 99499 and Current Procedural Terminology (CPT) Vaccine Administration Codes: 90460, 90461, 90471, 90472, 90473 and 90474, or their successor codes, and/or the toxoid vaccine product codes currently used by the MA Program for purposes of vaccine administration payment found on page 01 of the instructions for this form. .

CURRENT PA MA PHYSICIAN PROVIDERS enrolled for at least 1 full calendar year: I attest that I am an eligible primary care physician or subspecialist but I do not have a certification recognized by the ABMS, ABPS, or AOA. I attest that at least 60% of the procedure codes billed to Medicaid in the previous calendar year (as of the signature date of this attestation form) were for the E&M, vaccine administration, and/or vaccine product codes as set forth above. I attest that the information submitted in this attestation is true and accurate. I understand that any false statements made herein are subject to the penalties contained in 18 PA. C.S. § 4904, relating to any unsworn falsifications to authorities.

SIGNATURE	PRINTED NAME	DATE

PA MA PHYSICIAN PROVIDERS enrolled 1 full calendar month or more but less than the full previous calendar year *(more than 31 days billing history and enrolled in the previous calendar year):*
I attest that I am an eligible primary care physician or subspecialist but I do not have a certification recognized by the ABMS, ABPS, or AOA. I attest that at least 60% of the procedure codes billed to Medicaid in the prior calendar year's billings (as of the signature date of this attestation form), through the current CY month were for the E&M, vaccine administration, and/or vaccine product codes as set forth above. I attest that the information submitted in this attestation is true and accurate. I understand that any false statements made herein are subject to the penalties contained in 18 PA. C.S. § 4904, relating to any unsworn falsifications to authorities.

SIGNATURE	PRINTED NAME	DATE

NEWLY ENROLLED PA MA PHYSICIAN PROVIDERS *(more than 31 days billing history in the current year and not enrolled at any time in the previous calendar year):*
I attest that I am an eligible primary care physician or subspecialist but I do not have a certification recognized by the ABMS, ABPS, or AOA. I attest that at least 60% of the procedure codes billed to Medicaid in the prior full calendar month (as of the signature date of this attestation form), were for the E&M, vaccine administration, and/or vaccine product codes as set forth above. I attest that the information submitted in this attestation is true and accurate. I understand that any false statements made herein are subject to the penalties contained in 18 PA. C.S. § 4904, relating to any unsworn falsifications to authorities.

SIGNATURE	PRINTED NAME	DATE