



<b>ISSUE DATE</b> May 23, 2013	<b>EFFECTIVE DATE</b> May 31, 2013	<b>NUMBER</b> 31-13-34
<b>SUBJECT</b>  Implementation of the Medical Assistance Program's Physician Fee Increases for Select Primary Care Services	<b>BY</b>   Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs	

**PURPOSE:**

The purpose of this Medical Assistance (MA) Bulletin is to announce the Department of Public Welfare's (Department) implementation of Section 1202 of the Patient Protection and Affordable Care Act (ACA) and to provide MA Program enrolled physicians with information regarding the Department's implementation of the ACA increased primary care services fees, effective May 31, 2013.

**SCOPE:**

This bulletin applies to MA enrolled physicians who render primary care services to MA beneficiaries in the Fee-for-Service (FFS) and managed care delivery systems. Physicians participating in the MA managed care delivery system should address payment questions regarding the primary care services fee increases directly to the applicable MA managed care organization (MCO).

**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 primary care services to physicians that qualify for the primary care fee increases (qualifying physicians) that are no less than the Medicare rates in effect in calendar years (CY) 2013 and 2014, or if greater, the rates that would be applicable in those CYs using the CY 2009 Medicare physician fee schedule (MPFS) conversion factor (CF). Only Healthcare Common Procedure Coding System (HCPCS) 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, are designated for the ACA increased primary care services fees. The Centers for Medicare and Medicaid Services (CMS) published the final Federal regulation implementing Section 1202 of the ACA at 77 FR 66670 on November 6, 2012.

**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  
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

On January 3, 2013, the Department published notice of its intent to pay the ACA increased fees for primary care services to MA Program enrolled qualifying physicians in the *Pennsylvania Bulletin* at 43 Pa.B.105.

In order to receive the primary care services increased fees, qualifying physicians must first self-attest to the Department that they qualify for the ACA increased primary care services fees based on their primary specialty and then also attest to meeting either Board Certification or the 60% threshold. States may not pay a physician the ACA increased primary care services fees without evidence of self-attestation. The Department published MA Bulletin 31-13-11, titled "Medical Assistance Program Fee Increase for Select Primary Care Services and Physician Attestation Form", issued on January 22, 2013, and MA Bulletin 31-13-32, titled "Revised Physician Attestation Form for Primary Care Services", issued on May 3, 2013, to inform physicians of the requirements that must be met in order to qualify for the ACA increased primary care services fees, and to issue the Physician Attestation Form.

The Department's implementation of the ACA increased primary care services fees was contingent upon the completion of necessary PROMIS<sup>e</sup>™ system changes and upon CMS' approval of the Department's State Plan Amendment (SPA). The Department submitted its SPA to CMS on January 31, 2013, and CMS approved the Department's SPA submission on April 30, 2013.

## **DISCUSSION:**

Under the ACA, states are required to pay qualifying physicians increased fees for certain E&M and vaccine administration procedure codes to the extent covered by the State. Under Pennsylvania's MA Program, payment is made for vaccine administration using the vaccine product procedure codes. On April 3, 2013, CMS advised the Department that we may crosswalk our vaccine product procedure codes to the vaccine administration procedure codes identified in the federal implementing regulation. CMS also advised the Department that the vaccine product procedure codes covered by the MA Program can be included in determining whether eligible physicians meet the 60% threshold of qualifying Medicaid-billed E&M and vaccine administration procedure codes to qualify for payment of the ACA increased primary care services fees.

## **ACA Primary Care Fee Schedule**

As permitted under the Federal implementing regulation at 42 CFR 447.405 (relating to amount of required minimum payments), the Department's methodology to set the increased fees, for the FFS and the managed care delivery systems, is based on the office-setting rate using the mean over all counties for each of the qualifying E&M and vaccine administration/vaccine product procedure codes. In March 2013, CMS provided the Department with a model of Pennsylvania's 2013 ACA increased primary care services fees

based on this methodology, as calculated by CMS' contractor, Deloitte. From the CMS/Deloitte model, the Department's formula for calculating the statewide mean rate is:

$$\frac{5 \times (\text{GPCI 01 rate}) + 62 \times (\text{GPCI 99 rate})}{67}$$

GPCI 01 is Pennsylvania Geographic Practice Cost Index for the Philadelphia region.  
GPCI 99 is Pennsylvania Geographic Practice Cost Index for the Rest of the Commonwealth.

The Department's "ACA Primary Care Services (ACA-PCS) FFS Fee Schedule – Statewide Average Office Rates 2013", is attached to this MA Bulletin and is available on the Department's dedicated ACA webpage and on the "For Providers" Fee Schedule webpage.

### **Non-Medicaid Beneficiaries and Non-Qualifying Physicians**

The ACA increased primary care services fees apply only to services rendered to Federal Medicaid beneficiaries. Qualifying physicians rendering services to non-Medicaid beneficiaries, such as, General Assistance MA beneficiaries, will be paid the current MA Program Fee Schedule rate. Physicians who do not qualify for the ACA increased primary care services fees will continue to be paid the current MA Program Fee Schedule rate for the designated E&M and vaccine administration/vaccine product procedure codes.

### **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Screens**

In order to incentivize certain providers to provide and report complete EPSDT screens in accordance with the Department's EPSDT Periodicity Schedule, the Department currently pays providers, including physicians, an "enhanced amount" for complete EPSDT screens based on four tiers of \$80, \$90, \$105 and \$125 depending on the particular screening periodicity. The Department uses preventive E&M codes 99381-99385 and 99391-99395, with an EP modifier and other specified procedure codes from the Department's EPSDT Periodicity Schedule, to identify and provide payment for complete EPSDT screens. These preventive E&M procedure codes are included in the range of codes designated by CMS as primary care services.

As such, the Department developed systems logic to ensure that qualifying physicians rendering complete EPSDT screens will be paid the ACA increased primary care services fee for the E&M procedure code, when such fee is higher than the complete EPSDT screen fee. If the MA Program fee for the complete EPSDT screen is higher than the ACA increased primary care services fee, the physician will receive the higher EPSDT fee, determined by the billed amount on the physician's claim form.

Within the next several months, the Department will issue a separate MA Bulletin to emphasize the importance for physicians and other authorized providers to perform a

comprehensive evaluation of a child's health. This bulletin will remind providers of the Department's requirements for the submission of EPSDT claims to the MA Program.

### **Managed Care Information**

Section 1202 of the ACA applies to qualifying physicians under the MA managed care delivery system. Please note the Department determines which physicians qualify for the ACA increased primary care services fees and will notify the applicable MCO of the same.

### **Physician Training**

The Department conducted training sessions for physicians in April 2013, related to the implementation of the ACA primary care fee increases and the process for submitting the Physician Attestation Form. The Department will conduct additional training sessions for physicians in mid-June 2013. Physicians will be required to pre-register for the training session(s) and Departmental staff will be available after each session to answer questions. More information regarding the dates for physician training will be posted to the "ACA Physician Fee Increases for Primary Care Services" website and will be relayed to physicians via an upcoming PROMISe™ RA Banner Alert. Additionally, physicians may access a tutorial for assistance with completing the Physician Attestation Form on the Department's website.

### **PROCEDURE:**

#### **Physician Attestation Form**

Qualifying physicians must submit their Physician Attestation Forms to the Department as instructed in MA Bulletins 31-13-11 and 31-13-32. Upon receipt and processing of the Physician Attestation Form, the Department will assign a special indicator to the qualifying physician's enrollment file for claims payment purposes of the ACA primary care services increased fees. The Department will notify qualifying physicians via a "Provider Change Notice" of the special indicator begin and end dates. The special indicator begin date is the effective date of the Physician Attestation Form.

#### **Claims Submission**

Qualifying physicians must not submit claims for the ACA increased primary care services fees with dates of service in a single detail line that span the end of the CY (i.e., December 31) and the beginning of the following CY (i.e., January 1), when the ACA primary care services fees will change.

Physicians who are not qualified for the ACA increased primary care services fee, i.e., physicians who have not self-attested to a primary specialty in family medicine, internal medicine or pediatric medicine and board certification by the ABPS, ABMS or AOA; OR,

physicians who have not self-attested to the 60% threshold will be paid the current MA Program Fee Schedule rate regardless of a CY span.

The Department established edits related to the ACA increased primary care services fees. Edit 826 (Detail Spans Calendar Year/Split Detail for Payment), Edit 1053 (Board Cert and/or Volume Cert Req for ACA Fee), and/or Edit 1055 (Span Dates: Split Detail Dates by Board/Volume Cert) will post on claims submitted with dates of service. Please be advised that only E&M procedure codes 99221, 99222, 99223, 99231, 99232, 99233, 99291 and 99292 may be used for span billing of claims.

The Department developed examples of claim submission scenarios, as described above, for appropriate span billing of claims using the specified E&M procedure codes. The examples are posted on the Department's dedicated ACA webpage.

### **Retroactive Mass Claim Adjustments**

The Department will systematically reprocess paid ACA primary care services claims for qualifying physicians retroactive to January 1, 2013, for those physicians who submitted their Physician Attestation Forms to the Department by April 1, 2013, and for those physicians attesting to the 60% threshold using the vaccine product procedure codes by July 1, 2013. The Department estimates that the mass claim adjustment process will begin during the last week of June 2013. Due to the expected volume of claims, the mass claim adjustment process may be completed over the course of several financial cycles. Therefore, it is essential that qualified physicians do not resubmit or adjust their primary care services claims for dates of service on and after January 1, 2013 through and including May 30, 2013. The Department will notify physicians of the mass adjustment process via an RA Banner PROMISe™ Alert.

The Department will implement an automated adjustment process to address payment for newly enrolled or newly attested physicians who qualify for the increased primary care services fees on or around July 1, 2013. The Department established a weekly process to identify physicians who have been deemed retroactively eligible for the ACA primary care increased fees and will adjust previously paid claims for the designated E&M and vaccine administration/vaccine product codes eligible for the fee increases but were paid using the current MA fee pricing logic. The Department will adjust these claims based on the effective date of receipt of a completed, acceptable Physician Attestation Form.

### **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Screens**

Physicians must continue to submit claims for complete EPSDT screens to the MA Program according to the instructions set forth by the Department. CMS mandates that the Department report the number of complete EPSDT screens provided to MA eligible children each year via the CMS-416 report. Physicians should reference instructions in MA Bulletin 99-

08-13, titled “Updates to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule”, issued on September 18, 2008 and effective on September 1, 2008; and, MA Bulletin 99-10-06, titled “Revisions to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule”, issued on June 14, 2010 and effective on June 14, 2010.

Qualifying physicians rendering EPSDT services in the managed care delivery system should contact their applicable MCO for instructions on the submission of claims and reporting requirements for complete EPSDT screens.

## References

Physicians may view various informative publications, related to the ACA primary care physician fee increases on the Department’s dedicated ACA webpage under “Helpful Links for Providers” at the following website link:

<http://www.dpw.state.pa.us/provider/acaphysicianfeeincreasesforpcs/index.htm>.

Specifically, in addition to this MA Bulletin, physicians may view:

- The Department’s January 3, 2013, intent Public Notice published in the *Pennsylvania Bulletin* at 43 Pa.B.105;
- MA Bulletin 31-13-11, “Medical Assistance Program Fee Increase for Select Primary Care Services and Physician Attestation Form”;
- MA Bulletin 31-13-32, “Revised Physician Attestation Form for Primary Care Services”;
- The Physician Attestation Form;
- The Department’s “ACA Primary Care Services (ACA-PCS) FFS Fee Schedule – State Wide Average Office Rates 2013” (the ACA-PCS Fee Schedule may also be viewed at: <http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm>;
- Claims Submission Span Billing Examples;
- PROMISe™ RA Banner Alerts related to physician training;
- The Federal (Final Rule) implementing regulation;
- CMS’ Questions and Answers related to the ACA; and,
- The Department’s December 6, 2012, Power Point Presentation to the Medical Assistance Advisory Committee.

[Attachment: ACA-PCS FFS Fee Schedule – Statewide Average Office Rates 2013](#)