



Medical Assistance Program Fee Increase for Select Primary Care Services Physician Training



• Housekeeping Rules

- Cordless phones can introduce static at times – if possible use landlines
- Utilize the mute button/press *6 to mute and/or un-mute
- The PowerPoint presentation is available in the handouts section of the Virtual Room and can be accessed by saving first, and then printing



Topics for Discussion

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 - ACA Primary Care Services Fee Increases
 - ACA Designated Physicians
 - Excluded Physicians
 - ACA Physician Qualification
 - ACA Specified Procedure Codes
 - MA Programs Excluded
 - Attestation Form
 - Physician Attestation Deadlines
 - Payment Method
 - Claims Submission
 - EPSDT
 - Adjustments
 - Error Status Codes
 - Resources



ACA Primary Care Services Fee Increases

What are the ACA Primary Care Services Fee Increases:

- Section 1202 of the Patient Protection and Affordable Care Act (ACA) requires states to increase payments to physicians as designated by the law for primary care services provided to Medicaid beneficiaries in the Fee for Service and Managed Care delivery systems.
- The increased payments are for Evaluation and Management (E&M) procedure codes and vaccine administration procedure codes* as specified in the law and are currently covered on the MA Fee Schedule.

*CMS has approved a crosswalk of vaccine product procedure codes to the vaccine administration codes covered under Section 1202 of the ACA.



ACA Primary Care Services Fee Increases

What are the ACA Primary Care Services Fee Increases:

- Effective for dates of service January 1, 2013 through and including December 31, 2014.
- The State Plan Amendment was submitted to CMS on 1/31/2013 and approved on 4/30/2013
- Implementation date for payment of the increased primary care services fees is 05/31/2013.

NOTE: For primary care services covered under the MA managed care delivery system, physicians should address questions related to payment policy and reporting requirements to the applicable MA Managed Care Organization.



ACA Designated Physicians

Which Physicians are designated by the law:

- Physicians enrolled in the Medical Assistance (MA) Program as Provider Type 31 with a Primary specialty listed below.
 - 316 (Family Medicine)
 - 322 (Internal Medicine)
 - 345 (Pediatric Medicine)

AND

- Board Certified in one of above specialties or subspecialties by one of the following
 - American Board of Medical Specialties (ABMS)
 - American Board of Physician Specialties (ABPS)
 - American Osteopathic Association (AOA)

OR

- Have 60% of all services billed to MA with the qualifying E&M codes, vaccine administration codes, and/or vaccine product codes.



Excluded Physicians

- Physicians employed by an FQHC or RHC or any other clinic are not eligible for the increased fees.
- Physicians who do not meet the qualifications as designated by the law.



ACA Physician Qualification

Non Board Certified eligible Physicians

- Furnish E&M and/or vaccine administration procedure codes that equal at least 60% of all services billed through both MA FFS and the Managed Care Delivery System in the most recently completed CY, or in the prior month:
 - Physicians enrolled in the MA Program for the entire previous calendar year (CY) are attesting to at least 60% of their billed claims during the entire previous CY are qualifying E&M, vaccine administration codes and/or vaccine product codes
 - Physicians enrolled in the MA Program for one full calendar month or more, but less than the full calendar year, are attesting to at least 60% of their billed claims, from their enrollment date to the end of the full calendar month, are qualifying E&M, vaccine administration codes and/or vaccine product codes



ACA Physician Qualification

Non Board Certified eligible Physicians, (cont.)

- Physicians enrolled in the MA Program for less than one full calendar month or who enroll as an MA Provider during 2013 or 2014, must submit claims to the MA Program for a minimum of one full calendar month before submitting an Attestation Form
- Physicians are attesting to at least 60% of their MA billed codes, from their enrollment date through the current CY month, are qualifying E&M, vaccine administration codes and/or vaccine product codes
- On April 3, 2013 CMS 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 increased primary care services fees. As a result, the Department is extending the period of time to **July 1, 2013**, for physicians to attest to meeting the 60% threshold in order to receive retroactive payment to January 1, 2013. This extended period of time for physicians to attest does not apply to the physician attesting to board certification since the use of the additional vaccine product codes does not impact their ability to qualify.



ACA Physician Qualification

Physicians who are Board Certified

- Physicians who are Provider Type 31 with a Primary specialty listed below.
 - 316 (Family Medicine)
 - 322 (Internal Medicine)
 - 345 (Pediatric Medicine)

And

- Are Board Certified in one of above specialties or subspecialties by one of the following
 - American Board of Medical Specialties (ABMS)
 - American Board of Physician Specialties (ABPS)
 - American Osteopathic Association (AOA)

Must submit a valid copy of their Board Certification by the end of Calendar year 2013. Newly enrolled Physicians who qualify via board certification may attest upon enrollment.



ACA Specified Procedure Codes

Which Procedure codes are specified in the law:

- Evaluation & Management (E&M) procedure codes 99201-99499
- Vaccine Administration procedure codes 90460, 90461, 90471-90474 or their successor codes*
- Procedure Codes within the ranges above that are currently on the MA Fee Schedule will be considered for payment at the higher rate
- Procedure codes within the ranges above that are not currently on the MA Fee Schedule will not be paid at the higher rate.
- *CMS has approved a crosswalk of vaccine product procedure codes to the vaccine administration codes covered under Section 1202 of the ACA.



MA Programs Excluded from ACA Fee Increases

- Excluded Service Programs/Plan
 - General Assistance MA Beneficiaries
 - Health Care Benefit Packages
 - HCB03, HCB05, HCB12
 - Additional State-Funded Package
 - HCB07
 - Health Care Benefit Package 11 (HCB11)
 - When there is no Medicare/Medicare Advantage coverage/cost sharing.
 - Healthy Beginning Plus (HD modifier)



Attestation Form

- Where do I find the Attestation Form
 - Logon to the Department of Public Welfare's website at www.dpw.state.pa.us

Provider | Community Partners | Publications | DPW Organization | Employment

Welcome Providers

Thank you for visiting the Department of Public Welfare Provider section. With your help, the department is able to serve million Pennsylvanians during their time of greatest need.

Our partnership requires extensive communication in a variety of disciplines. To help you get the information you need, please scan the links below and click on the link that best fits your industry. If you cannot find what you are looking for, please [contact](#) or call ☎ 1-800-692-7462 .

[Administrative Services](#)
[Child Welfare Services](#)
[Doing Business with DPW](#)
[Early Learning](#)
[Health Care/Medical Assistance](#)
[HIPAA 5010/D.0 Upgrade Information](#)
[Hospital Assessment Initiative](#)
[ICD-10 Information](#)
[Information for LIHEAP Vendors](#)
[Intellectual Disabilities](#)

[Juvenile Justice](#)
[Long Term Care Services](#)
[Mental Health](#)
[PA Autism Insurance Act \(Act 62\)](#)
[PROMISE](#)
[Providing Sign Language Services to Consumers](#)
[Third Party Liability Coordination of Benefits](#)
[Training](#)
[Waiver Information](#)

Helpful Links for Providers

[What's New for Medical Assistance Providers](#)
[ACA Physician Fee Increases for Primary Care Services](#)
[Copayment Desk Reference Rev 5/10](#)
[Copayment Desk Reference Rev 5/12](#)
[Healthcare Benefits Packages Reference Chart](#)
[Helpful Telephone Numbers](#)
[Medical Assistance Bulletin Search](#)
[Outpatient and Dental Fee Schedules](#)
[PROMISE Companion Guides](#)
[PROMISE Provider Handbooks and Billing Guides](#)
[Quick Tips](#)
[Remittance Advice Alerts and PROMISE Banner Pages](#)



Attestation Form

- Where do I find the Attestation Form

The screenshot shows the Pennsylvania Department of Public Welfare website. The main content area is titled "ACA Physician Fee Increases for Primary Care Services". Under the "Medical Assistance Program Attestation Form:" section, there is a list of links. A red arrow points to the link: [Medical Assistance Program Attestation Form](#) (Form to be used when attesting to 60% including the PA MA Vaccine Product Codes). Other links include [Attestation Form Completion Tutorial for Providers](#).

Medical Assistance Program Attestation Form:

- [Medical Assistance Program Attestation Form](#) (Form to be used when attesting to 60% including the PA MA Vaccine Product Codes)
- [Attestation Form Completion Tutorial for Providers](#)



Attestation Form

- Attestation Form:
 - Section I – Physician Information
 - Section II – Eligibility for Primary Care Rate Increase
 - Section III – Board Certification
 - Section IV – 60% Attestation (Not Board Certified)
 - Current PA MA Physician enrolled for at least 1 full calendar year
 - PA MA Physician enrolled 1 full calendar month or more but less than the full previous calendar year
 - Newly enrolled PA MA Physician

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 – ELIGIBILITY 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 § 440.53, 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 vaccine services that equal at least 50% 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:
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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
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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 50% 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 50% 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
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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 50% 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
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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 50% 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
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Attestation Form

- How to submit documents
 - ePEAP – Upload via PROMISe™ Provider Portal
 - Select “Upload PDF” in the ePEAP menu
 - Browse for a “pdf” file
 - Select the appropriate document description

Upload PDF

Instructions: To send a file from your computer to the Department of Public Welfare, please follow the four steps below. The file must be in the Portable Document Format (PDF), and file size must not exceed 4 megabytes.

Step 1. Please click "Browse" and then select a PDF from your computer.

Upload From:

Step 2. Please select a description for the PDF:

Step 3. Please tell us how to contact you. Option: F.

* = required

Contact Name *	Email Address *	Phone Number *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments about the PDF (optional)

Step 4. Please send the PDF:

[ePEAP Menu](#) [Help](#) [Exit](#)



Attestation Form

- How to submit documents cont;
 - Email - Ra-ProvApp@pa.gov
 - indicate subject as “**PCP**”
 - Fax - 717-265-8284
 - indicate “**PCP**” in the fax cover sheet subject line
 - Mail – DPW/OMAP/BFFSP
Attention: Provider Enrollment Unit/**PCP**
PO Box 8045
Harrisburg, PA 17105-8045



Physician Attestation Deadlines

–If the Department received a valid Attestation Form before April 2, 2013, physicians will receive the fee increase retroactive to January 1, 2013*

- If not, fees will only apply to claims with dates of service (DOS) as of the receipt date of valid attestations

- The Department will not require physicians to submit an additional self-attestation in CY 2014

- The Attestation Form notifies physician that they must inform the Department of any changes which may impact their eligibility for primary care increased fees

*With the recent CMS clarification regarding the inclusion of vaccine product codes, physicians who are eligible via the 60% threshold option and who did not already attest may be eligible for retroactive payments back to 1/1/13 if they submit a completed attestation form on or before 7/1/13. This form has been updated, Physicians should use the new form when submitting their attestations. See MAB 31-13-32.



Payment Method

- Payment Method
 - The Department has chosen the option to pay the mean office setting rate for all counties (one rate)
 - Rates will be available on the ACA page of the Department's website and on the MA fee schedule site as a separate PDF titled: ACA PCS FFS Fee Schedule – State Wide Average Office Rates 2013.

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

* Rates will not be reflected on the MA online searchable or downloadable fee schedule



Claims Submission

- Claims Submission
 - Qualifying physicians should submit claims for dates of service occurring on and after 1/1/2013 in accordance with their appropriate billing guides
 - Physicians should not submit claims for the increased primary care fee with a single detail that spans dates in the following situations:
 - A single detail that spans calendar years when the fee will change between years
 - A single detail that spans dates of service between when the physician is not qualified for the increased primary care fee and when the physician becomes qualified for the increased fee

[ACA-PCS Claim Submission Examples](#)



Early Periodic Screening, Diagnosis and Treatment (EPSDT) Screens

EPSDT Current Process

- 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.



Early Periodic Screening, Diagnosis and Treatment (EPSDT) Screens

EPSDT Pricing with ACA Increased Fees:

- 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 (enhanced) EPSDT screen fee.
- If the MA Program (enhanced) 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.
- Physicians must continue to submit claims for complete EPSDT screens to the MA Program according to the instructions set forth by the Department.



Adjustments

- Adjustments
 - In June 2013, the Department will initiate retroactive payment adjustments of previously paid claims for eligible procedure codes with Dates of Service 1/1/2013 or greater for the physicians who qualify and have submitted the appropriate attestation documents.
 - May impact beneficiary co-payments
 - Essential that physicians do not resubmit or adjust their primary care services claims for that period of time.



Error Status Codes

- Error Status Codes

ESC	Description
0826	Detail span calendar year/split detail for payment
0827	PE Auth fee is less than ACA PCS rate for PCP
0828	ACA PCS Unassigned Healthcare Benefits Package
1053	Board Cert and/or volume cert req for ACA fee
1055	Span Dates: Split detail dates by Board/Volume Cert
4000	Review ACA PCS EPSDT Payment Conditions
4101	Billed amt less than ACA primary care fee



Error Status Codes

- Error Status Codes

ESC	Description
3999*	EPSDT Screening Fee Greater Than ACA PCS Rate
4103*	ACA Primary Care Fee assigned
4106*	Billed amount is less than ACA Primary Care Fee for 2009+SVC.
4107*	ACA Primary Care Fee Assigned for 2009+ SVC
5998*	MA Fee is Greater Than ACA PCS Rate

*Informational ESCs



Resources

- Resources
 - Implementation/Attestation Form/Fee Schedule/Provider Information
<http://www.dpw.state.pa.us/provider/acaphysicianfeeincreasesforpcs/index.htm>
 - MA Bulletin 31-13-11 - Medical Assistance Program Fee Increase for Select Primary Care Services and Physician Attestation Form
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/p_033887.pdf
 - MA Bulletin 31-13-32 - Medical Assistance Program Fee Increase for Select Primary Care Services and Physician Attestation Form
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/p_034123.pdf



Resources

- Resources cont.
 - MA Bulletin 31-13-34 – Implementation of the Medical Assistance Programs Physician Fee Increases for Select Primary Care Services
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/p_034446.pdf
 - Questions on billing
 - Contact the Provider Service Center at 1-800-537-8862
Monday – Friday 8:00am - 4:30pm (except Commonwealth Holidays)

