



Louisiana Department of Health and Hospitals
Bureau of Health Services Financing

**Affordable Care Act Enhanced Reimbursement of Primary Care Services
Informational Bulletin**

December 19, 2012

Revised April 10, 2014

The Affordable Care Act (ACA) requires Medicaid to reimburse designated physicians for specified primary care services rendered during calendar years 2013 and 2014 at an enhanced rate. The Centers for Medicare and Medicaid Services (CMS) must approve a State Plan Amendment (SPA) detailing the reimbursement method before any payment is made. DHH submitted the SPA to CMS on March 8, 2013 and received CMS approval on June 6, 2013.

DHH has prepared this informational bulletin in Q&A format to provide an overview of federal requirements and State implementation activities in accordance with the approved SPA. It addresses who is eligible to receive payments at the enhanced rate, what activities providers must undertake to receive the enhanced rate, and the timing of payments. DHH will update this document as needed. The guidance in this revision supersedes previous guidance issued.

Q1: Do I need to do anything to receive the enhanced reimbursement?

Answer: Yes. First, you must determine if you meet the requirements of a “designated physician” (See Q6 below. If you believe you do, then you must complete the **Medicaid Primary Care Services Designated Physician** form and mail it to:

**Molina Medicaid Solutions
Provider Enrollment Unit
P.O. Box 80159
Baton Rouge, LA 70898-0159**

The form can be downloaded [here](#)

Q2: What happens if I don't submit a Designated Physician form?

Answer: You will not receive the enhanced reimbursement. CMS requires DHH to obtain evidence of self-attestation and prohibits enhanced reimbursement without it.

Q3: Is there a deadline for Designated Physician form submission?

Answer: No. You can submit the form at any time.

Q4: What will be my effective date for the enhanced reimbursement?

Answer: Your effective date for enhanced reimbursement is based on the date your complete and correct Designated Physician form is received by Medicaid's Provider Enrollment vendor. If your complete and correct form is received by December 31, 2013, you will receive enhanced reimbursement for eligible services rendered on or after January 1, 2013. If your complete and correct form is received after December 31, 2013, you will receive enhanced reimbursement for eligible services rendered on or after the date the form is received.

In previous guidance, June 28, 2013 was the deadline for form receipt to receive the enhanced reimbursement for eligible services rendered on or after January 1, 2013. Subsequently, however, the deadline was extended to the end of calendar year 2013. As noted above, December 31, 2013 is the final deadline for receipt of a complete and correct Designated Physician form to receive the enhanced reimbursement for eligible services rendered on or after January 1, 2013.

Q5: What if I submitted my Designated Physician form to PRISM?

Answer: On March 21, 2013, DHH canceled its contract with CNSI, and PRISM ceased to be Medicaid's Provider Enrollment vendor. Effective March 25, 2013, Molina resumed Medicaid Provider Enrollment responsibilities. Prior to CNSI's contract cancellation, PRISM provided to DHH a weekly report detailing Designated Physician forms received. As of March 18, 2013, the report identified 1,060 forms received by PRISM. DHH has validated the data in the report and provided to Molina a validated listing from which to establish each listed provider's effective date for enhanced reimbursement based on the date that PRISM received the Designated Physician form.

Q6: How will I know whether and when my Designated Physician form was received?

Answer: Molina will mail providers a letter confirming receipt of the Designated Physician form and establishing the effective date for enhanced reimbursement. Letters have been mailed to all providers identified in the PRISM report. Letters will also be mailed to all providers who submit their Designated Physician form directly to Molina.

Q7: If I submitted my form to PRISM, should I resubmit to Molina?

Answer: Available online is the listing ([click here](#)) of forms identified in the March 18, 2013 PRISM report, validated by DHH, and provided to Molina for purposes of establishing each listed provider's effective date for enhanced reimbursement (see Q5). The listing includes each provider's name and NPI number. If you submitted your Designated Physician form to PRISM but your name is not listed here, then you must resubmit an original form to Molina in order to establish your effective date for enhanced reimbursement. This listing is final and will not be updated.

Q8: If Provider Enrollment finds an omission or error on my Designated Physician form that I have to correct, what will be my effective date for enhanced reimbursement?

Answer: Incomplete and/or incorrect Designated Physician forms will be returned to the mailing address in Section II of the form. As noted above, your effective date for enhanced reimbursement is based on the date Provider Enrollment receives your complete and correct Designated Physician form.

Q9: Which providers are eligible for enhanced reimbursement?

Answer: Physicians, either medical doctors or doctors of osteopathy, who attest to a specialty or subspecialty designation within family medicine, general internal medicine, or pediatric medicine, and also attest that such designation is supported by:

- Board certification as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by the American Board of Medical Specialists' (ABMS), the American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA) (Refer to Attachment I for a listing of recognized specialty and subspecialty board designations.); OR
- Furnished specified evaluation and management (E&M) (99201 through 99499) and vaccine administration services that equal at least 60 percent of total Medicaid codes paid, including those for individuals enrolled in a Bayou Health Plan, during the most recently completed calendar year, or for newly eligible physicians the prior month. Codes paid will be measured in service units, not payment amounts.

Q10: What services are eligible for enhanced reimbursement?

Answer: Effective for dates of service on and after January 1, 2013 through December 31, 2014, Evaluation and Management services (CPT codes 99201 through 99499) and vaccine administration services (CPT codes 90471, 90472, 90473, 90474, or their successors) covered by Louisiana Medicaid must be paid at the enhanced rate. Services that are currently non-covered and non-payable will remain non-covered and non-payable. Services must be rendered by a designated physician, or under the personal supervision of a designated physician, who has self-attested, in order to be eligible for the enhanced reimbursement.

Q11: Why is enhanced reimbursement available for only two years?

Answer: ACA provides for enhanced reimbursement for eligible services rendered in calendar years 2013 and 2014 only. Federal funding for the enhanced reimbursement is limited to this two year period.

Q12: How much will the enhanced rate be? Will it differ from the Medicare rate?

Answer: The enhanced rate differs from the Medicare rate. For dates of service January 1, 2013 through February 19, 2013, rates for E&M services will reimburse at the Medicare rate applicable to the non-facility setting. For the dates of service on or after February 20, 2013, rates for E&M services will reflect Medicare site of service adjustments, facility or non-facility. A Place of Service crosswalk is provided below:

<u>HIPAA Place of Service Codes</u>		
Code	Short Description	N / NF
01	Pharmacy	NF
03	School	NF
04	Homeless Shelter	NF
09	Prison/Correctional Facility	NF
11	Office	NF
12	Home	NF
13	Assisted Living Facility	NF
14	Group Home	NF
15	Mobile Unit	NF
16	Temporary Lodging	NF
17	Walk-in Retail Health Clinic	NF
20	Urgent Care Facility	NF
21	Inpatient Hospital	F
22	Outpatient Hospital	F
23	Emergency Room - Hospital	F
24	Ambulatory Surgical Center	F
25	Birthing Center	NF
26	Military Treatment Center	F
31	Skilled Nursing Facility	F
32	Nursing Facility	NF
33	Custodial Care Facility	NF
34	Hospice	F
41	Ambulance - Land	F
42	Ambulance - Air or Water	F
49	Independent Clinic	NF
50	FQHC	NF
51	Inpatient Psychiatric Facility	F
52	Psychiatric Facility - Partial Hospitalization	F
53	Community Mental Health Center	F
54	Intermediate Care Facility/Developmentally Disabled	NF
55	Residential Substance Abuse Treatment Facility	NF
56	Psychiatric Residential Treatment Center	F
57	Non-Resident Substance Abuse Treatment Facility	NF
60	Mass Immunization Center	NF
61	Comprehensive Inpatient Rehab Facility	F
62	Comprehensive Outpatient Rehab Facility	NF
65	End-Stage Renal Disease Treatment Facility	NF
71	State or Local Public Health Clinic	NF
72	Rural Health Clinic	NF
81	Independent Laboratory	NF

Codes 10, 63, 64 are unassigned.

Statewide rates reflect the mean value over all parishes for each of the specified E&M codes based on the Calendar Year (CY) 2009 conversion factor. For all dates of service in CYs 2013 and 2014, vaccine administration rates under the Vaccine for Children's Program (VFC) are the lesser of the CY 2013 or CY 2014 Medicare rate or the maximum regional VFC rate. The fee schedules for enhanced reimbursement are posted on lamedicaid.com in the Fee Schedules section:

- Immunization Administration – ACA Enhanced Reimbursement Fee Schedule: Age 0 – 18
- Immunization Administration – ACA Enhanced Reimbursement Fee Schedule: Age 19 & Older
- Professional Services – ACA Primary Care Services Enhanced Reimbursement Fee Schedule

Q13: When will enhanced reimbursement be paid?

Answer: No payment for enhanced reimbursement could be made prior to the SPA approval. Pending SPA approval, DHH continued to reimburse designated physicians for eligible services at the Medicaid rate.

Following SPA approval, Molina completed necessary systems changes to adjust paid Legacy Medicaid and Bayou Health Shared Savings claims to reimburse the difference between the Medicaid rate and the enhanced rate and to pay the enhanced rate going forward. Molina began paying the enhanced rate on original claims June 25, 2013. On July 17 and 30, 2013, Molina adjusted claims paid through June 24, 2013 to reimburse the difference between the enhanced rate and the Medicaid rate previously paid.

Managed Care Organizations (MCO) are responsible for reimbursing services to designated physicians at the enhanced rate after CMS approves a reimbursement methodology for MCOs. This approval is separate and apart from the SPA already approved by CMS. DHH submitted to CMS on March 29, 2013 an MCO method that would have had Bayou Health Prepaid Plans continue to pay providers the Medicaid rate, and on a quarterly basis, DHH would have reimbursed MCOs and the MCOs would have paid providers for the difference between the Medicaid and enhanced rates.

Subsequently, DHH revised the methodology to include the enhanced payment in the capitation rate paid to the MCOs. This method enables MCOs to pay providers the enhanced rate on the original claim, without subsequent adjustment. DHH submitted the replacement MCO method to CMS in June 2013, CMS approved the MCO method in July 2013, and DHH executed the necessary amendments to Prepaid Plan contracts in September 2013. By mid-November 2013, MCOs will begin paying the enhanced rate on new claims, and by mid-December they will adjust previously paid claims similar to what Molina did for Legacy Medicaid and Shared Savings claims in July.

Q14: I am a physician who works at a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC). Am I eligible for the enhanced reimbursement?

Answer: No. FQHCs and RHCs are paid an encounter rate which is not based on the physician fee schedule. Only the physician fee schedule is affected by this provision of ACA.

Q15: Can physicians qualify solely on the basis of meeting the 60 percent claims threshold, irrespective of specialty designation? Also, would a physician that is board-certified in another specialty such as “general surgeon”, but actually practices as a general practitioner qualify for the enhanced payment?

Answer: Per CMS guidance, the statute specifies that enhanced payment applies to primary care services delivered by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine. The regulation specifies that specialists and subspecialists within those designations as recognized by the American Board of Medical Specialties (ABMS) the American Osteopathic Association (AOA), or the American Board of Physician Specialties (ABPS) also qualify for the enhanced payment. Under the regulation, “general internal medicine” encompasses internal medicine and all subspecialties recognized by the ABMS, ABPS and AOA. In order to be eligible for the enhanced rate, physicians must self-attest to:

1. A covered specialty or subspecialty designation supported by either
 - a. Board certification in an eligible specialty or subspecialty, and/or
 - b. 60 percent of Medicaid codes paid during the most recently completed calendar year, or for newly eligible physicians the prior month, was for the codes specified in the regulation. It is quite possible that physicians could qualify on the basis of both board certification and claims history.

Only physicians who can legitimately self-attest to a specialty designation of (general) internal medicine, family medicine or pediatric medicine, or a subspecialty within those specialties recognized by the ABPS, AOA, or ABPS qualify.

It is possible that a physician might maintain a particular qualifying board certification but might actually practice in a different field. A physician who maintains one of the eligible certificates, but actually practices in a non-eligible specialty should not self-attest to eligibility for enhanced payment. Similarly, a physician board-certified in a non-eligible specialty (for example, surgery or dermatology) who practices within the community as, for example, a family practitioner could self-attest to a specialty designation of family medicine, internal medicine or pediatric medicine and a supporting 60 percent claims history. In either case, should the validity of that physician’s self-attestation be reviewed by the DHH as part of the annual statistical sample, the physician’s payments would be at risk if DHH finds that the Designated Physician form was not accurate.

Q16: Do I need to submit a Designated Physician form for each Bayou Health Plan that I contract with?

Answer: No. If you are enrolled as a Medicaid provider and contract with Bayou Health plans, you will need to submit a Designated Physician form to Medicaid's Provider Enrollment vendor only. DHH will provide Bayou Health plans with a listing of Medicaid providers from whom they have received a Designated Physician form. You will not need to submit a Designated Physician form to Bayou Health plans in addition to your submission to Medicaid's Provider Enrollment vendor.

Yes. If you are not enrolled as a Medicaid provider and contract with Bayou Health plan(s), you will need to submit a Designated Physician form directly to the plan(s). You should contact each plan for submission requirements.

Q17: I am a member of a group practice. Will services rendered by all physicians in the group be eligible for enhanced reimbursement?

Answer: No. Eligibility for enhanced reimbursement is based on each individual physician meeting the eligibility criteria. A form is required for each qualifying physician regardless of group affiliation.

Q18: Are non-physician practitioners, such as nurse practitioners and physician assistants, eligible for the enhanced reimbursement?

Answer: Yes. Physician Assistants (PA) and Advanced Practice Registered Nurses (APRN) are eligible for enhanced reimbursement when federal requirements for physician supervision are met and the supervising physician has a Designated Physician form on file with Medicaid Provider Enrollment. Federal rule specifies that the enhanced reimbursement applies only to services delivered under the "physicians' services" benefit in federal regulations at 42 CFR §440.50, including services provided under the personal supervision of a self-attesting physician. To meet federal requirements, the designated physician must assume professional responsibility and legal liability for services provided. This precludes arms-length arrangements or collaborative agreements with physicians for purposes of establishing a relationship that leads to higher payment of the practitioner services.

Q19: What do PAs and APRNs need to do in order to be reimbursed the enhanced rate?

Answer: Because State law requires physician supervision of PAs, PAs are not required to attest. The supervising physician must submit a Designated Physician form (see Q1). Any services provided by a PA must be billed by a physician group, the PA must be identified as the Rendering Provider, and the supervising physician's NPI must be provided in the Referring Provider field of the claim form. If the physician has a Designated Physician form on file with Molina effective for the date of service, the service will be reimbursed at the enhanced rate. In accordance with federal rules, the service will be reimbursed at a

percentage of the rate on the fee schedule consistent with the State's current reimbursement policy.

Because State law permits APRNs to practice independent of physician supervision, both the supervising physician and the APRN must attest to meeting federal requirements. In addition to the supervising physician submitting a Designated Physician form, the APRN must complete a separate *Medicaid Primary Care Services Advanced Practice Registered Nurse (APRN)* form. The APRN form can be downloaded [here](#). If you do not submit the completed APRN form, you will not receive the enhanced reimbursement.

In previous guidance, there was no deadline for submission of an APRN form. However, DHH has since established a deadline for retroactive eligibility for enhanced reimbursement. APRN's effective date for enhanced reimbursement is based on the date the APRN's complete and correct APRN form is received by Medicaid's Provider Enrollment vendor. If a complete and correct APRN form is received by May 30, 2014, the APRN will receive enhanced reimbursement for eligible services rendered on or after January 1, 2013. If a complete and correct APRN form is received after May 30, 2014, the APRN will receive enhanced reimbursement for eligible services rendered on or after the date the form is received. Molina will mail providers a letter confirming receipt of the APRN form.

If you are enrolled as a Medicaid provider and contract with Bayou Health plans, you will need to submit an APRN form to Molina only. DHH will provide Bayou Health plans with a listing of Medicaid providers from whom they have received an APRN form. You will not need to submit an APRN form to Bayou Health plans in addition to your submission to Molina. However, if you are not enrolled as a Medicaid provider and contract with Bayou Health plan(s), you will need to submit an APRN form directly to the plan(s). You should contact each plan for submission requirements.

To receive the enhanced rate, services provided by an APRN must be billed by a physician group, the APRN must be the Rendering Provider, and the supervising physician's NPI must be provided in the Referring Provider field of the claim form. If the physician has a Designated Physician form on file with Molina, the service will be reimbursed at the enhanced rate. To receive the enhanced rate, both the APRN and supervising physician must attest to meeting federal requirements and have forms on file with Molina. Additionally, the effective date granted to the supervising physician must be on or before the date of eligible primary care services provided by the APRN.

As required by federal rule, the service will be reimbursed at a percentage of the rate on the fee schedule consistent with the State's current reimbursement policy. Services billed by an APRN practicing independently or in a nurse managed clinic will not receive the enhanced rate.

Enhanced reimbursement for services provided by eligible APRNs began in August 2013 following development and testing of changes to the Molina claims payment system to reflect DHH's June 3, 2013 decision to reimburse APRNs at the enhanced rate. A recycle of eligible APRN claims previously paid was completed in August for the difference between the enhanced rate and the Medicaid rate previously paid.

Q20: I am a PA or APRN working in a large group practice with multiple physicians. Are all of the services that I provide eligible for the enhanced rate?

Answer: Only identified services covered by Louisiana Medicaid and performed while under the supervision of a self-attesting physician qualify. Eligibility is specific to the attesting physician and not the group. To the extent that you work with physicians who do not meet the qualifications and have not submitted a completed Designated Physician form, these services would not be eligible for reimbursement at the enhanced rate and would continue to be reimbursed at the Medicaid rate.

Q21: I am not currently board certified in Family Medicine, Pediatrics or Internal Medicine by any of the boards listed. Am I still eligible for the enhanced reimbursement?

Answer: As noted above, you may be eligible if you attest to a specialty of family medicine, (general) internal medicine, or pediatric medicine AND if at least 60 percent of your codes paid are for specified E&M and vaccine administration codes. Codes paid will be measured in service units, not payment amounts. The threshold calculation will be based on total Medicaid codes paid during the most recently completed calendar year, or for newly eligible physicians, the prior month.

Q22: I am a currently enrolled in Medicaid and obtaining board certification in one of the designated specialties. Will payment for the enhanced reimbursement be made retroactively if I become board-certified?

Answer: The earliest date of eligibility for enhanced reimbursement will be the date that Medicaid's Provider Enrollment vendor receives your complete and correct Designated Physician form, which can reflect either board certification or meeting the 60 percent E&M and vaccine service requirements.

Q23: Where can I get additional information on the ACA Primary Care Services enhanced reimbursement?

Answer: DHH will update this document as additional implementation details become available. Questions may also be addressed to DHH staff on the weekly Bayou Health Provider Call. For information on the Provider Call, including day, time and call in number, see <http://new.dhh.louisiana.gov/index.cfm/page/1462>

Q24: How will DHH ensure that only eligible providers receive the enhanced reimbursement?

Answer: DHH will conduct a review of a statistically valid sample of physicians who have self-attested to either board certification or a supporting claims/service history, at least on an annual basis. Physicians must keep all information necessary and make available such information to DHH as requested to support an audit trail for services reimbursed at the enhanced rate.

Q25: What happens if I am selected as part of the validation process and it is determined that I didn't qualify?

Answer: If it is determined that you did not qualify for the enhanced rate for any reason, Medicaid will recoup any difference between the Medicaid rate and the enhanced rate paid for the services.

Q26: My reimbursement for primary care services decreased in August 2013. Why did this happen?

Answer: On July 1, 2012, DHH reduced rates on the Professional Services fee schedule by 3.4 percent, and on February 1, 2013, it reduced them by an additional 1 percent. In anticipation of the implementation of the federally-mandated ACA enhanced reimbursement, DHH exempted from the July 2012 and February 2013 rate reductions those services identified in the proposed rule published by CMS in May 2012 when rendered by physicians who chose a specialty or subspecialty in family medicine, general internal medicine, or pediatric medicine in the Medicaid provider enrollment process administered by Molina.

This exemption remained in place until DHH fully implemented the ACA enhanced reimbursement for claims paid by Molina in accordance with the final rule published by CMS in November 2012. The exemption was effective for dates of service July 1, 2012 through August 19, 2013. For dates of service on or after August 20, 2013, the exemption no longer applies.

While many providers met requirements for exemption from the State rate reductions, not all meet federal requirements for the ACA enhanced reimbursement. Providers who met requirements for exemption from the State rate reductions but do not meet federal requirements for the ACA enhanced reimbursement will see their reimbursement decrease for dates of service after the exemption to State rate reductions ended on August 19, 2013.

Q27: My Medicaid Primary Care Services Designated Physician form was processed after June 28, 2013 but before DHH extended the deadline to the end of 2013 to receive the enhanced reimbursement for eligible services rendered on or after January 1, 2013. Do I need to resubmit my form to qualify for enhanced reimbursement retroactive to January 1, 2013?

Answer: No. DHH will grant all eligible physicians who already have an attestation on file a January 1, 2013 effective date for enhanced reimbursement. No additional action will be required of these providers. A recycle of claims will be necessary for providers affected by a change in their effective dates. The recycle will be completed in early 2014 after all 2013 submissions are processed.

Attachment I Qualifying Specialties and Subspecialties

Specialist and subspecialists that qualify for enhanced payment are those recognized by the American Board of Medical Specialties (ABMS), American Board of Physician Specialties (ABPS) or American Osteopathic Association (AOA) which are identified below. For purposes of this enhanced payment, “General Internal Medicine” encompasses “Internal Medicine” and all recognized subspecialties. The websites of these organizations currently list the following subspecialty certifications within each specialty designation:

ABMS

American Board of Family Medicine – Adolescent Medicine; Geriatric Medicine; Hospice and Palliative Medicine; Sleep Medicine; Sports Medicine

American Board of Internal Medicine – Adolescent Medicine; Advanced Heart Failure and Transplant Cardiology; Cardiovascular Disease; Clinical Cardiac Electrophysiology; Critical Care Medicine; Endocrinology, Diabetes and Metabolism; Gastroenterology; Geriatric Medicine; Hematology; Hospice and Palliative Medicine; Infectious Disease; Interventional Cardiology; Medical Oncology; Nephrology; Pulmonary Disease; Rheumatology; Sleep Medicine; Sports Medicine; Transplant Hepatology.

American Board of Pediatrics – Adolescent Medicine; Child Abuse Pediatrics; Developmental-Behavioral Pediatrics; Hospice and Palliative Medicine; Medical Toxicology; Neonatal-Perinatal Medicine; Neurodevelopmental Disabilities, Pediatric Cardiology; Pediatric Critical Care Medicine; Pediatric Emergency Medicine; Pediatric Endocrinology; Pediatric Gastroenterology; Pediatric Hematology-Oncology; Pediatric Infectious Diseases; Pediatric Nephrology; Pediatric Pulmonology; Pediatric Rheumatology, Pediatric Transplant Hepatology; Sleep Medicine; Sports Medicine.

ABMS Website: http://www.abms.org/who_we_help/physicians/specialties.aspx

AOA

American Osteopathic Board of Family Physicians – No subspecialties

American Osteopathic Board of Internal Medicine – Allergy/Immunology; Cardiology; Endocrinology; Gastroenterology; Hematology; Hematology/Oncology; Infectious Disease; Pulmonary Diseases; Nephrology; Oncology; Rheumatology.

American Osteopathic Board of Pediatrics – Adolescent and Young Adult Medicine, Neonatology, Pediatric Allergy/immunology, Pediatric Endocrinology, Pediatric Pulmonology.

AOA Website: <http://www.osteopathic.org/inside-aoa/development/aoa-board-certification/Pages/specialty-subspecialty-certification.aspx>

ABPS

The ABPS does not certify subspecialists. Therefore, eligible certifications are:

American Board of Family Medicine Obstetrics; Board of Certification in Family Practice; and Board of Certification in Internal Medicine. There is no Board certification specific to Pediatrics.

ABPS Website: <http://www.abpsus.org/>