



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 23, No. 04

January 2013

TO: Physicians with Specialties in Family Medicine, Internal Medicine and Pediatrics – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **(REVISED) Affordable Care Act (ACA), as amended by Section 1202 of the Health Care and Education Reconciliation Act (HCERA) of 2010 and Enhanced Reimbursement Rates**

EFFECTIVE: Certain healthcare claims with service dates on or after January 1, 2013

PURPOSE: To notify physicians specializing in family medicine, internal medicine and pediatrics of opportunities to receive enhanced reimbursement rates for certain healthcare services based on the HCERA of 2010, Section 1202.

BACKGROUND: The ACA, as amended by Section 1202 of the HCERA, provides qualified NJ FamilyCare (NJFC)/Medicaid fee-for-service (FFS) physicians the opportunity to receive enhanced NJFC/Medicaid FFS reimbursement rates for Evaluation and Management (E & M) procedures; and the administration of vaccines. Qualified physicians are limited to those with specialties in family medicine, general internal medicine and pediatric medicine.

The enhanced FFS rates scheduled by HCERA Section 1202 are only effective for eligible procedures reported on claims with service dates on or after January 1, 2013 and prior to January 1, 2015. The enhanced rates shall only be reimbursed when these eligible procedures are provided to Medicaid (Title XIX) beneficiaries; beneficiaries eligible for certain Title XIX special programs; and those eligible through Medicaid Expansion (Title XIX).

Section 1202 of the HCERA authorizes the Centers for Medicare and Medicaid Services (CMS) to establish new enhanced NJFC/Medicaid reimbursement rates for E & M procedures and the administration of vaccines. . NJFC/Medicaid FFS rates for eligible procedure codes shall correspond with Medicare rates effective in Calendar Years 2013 and 2014.

Only physicians with a specialty designation of family medicine, general internal medicine or pediatrics are qualified to receive the enhanced FFS reimbursement rates based on the ACA Self-Attestation requirement outlined below.

ACTION: Claims submitted by qualified physicians for the Evaluation and Management CPT codes 99201 through 99499, and the administration of vaccines with service dates on or after January 1, 2013 shall be eligible for payment consideration based on enhanced reimbursement rates to be determined by the 2013 Medicare Fee Schedule. For those claims in which NJFC/Medicaid is the secondary payer, NJFC/Medicaid will also reimburse qualified physicians up to the enhanced reimbursement rate. Non-qualified physicians will continue to receive payments based on the NJFC/Medicaid FFS fee schedule.

*Note: CPT codes 90471, +90472, 90473 and +90474 shall continue to be billed by qualified and non-qualified physicians for NJ-VFC-covered immunization administrations on or after January 1, 2013.

The enhanced rates will be displayed on the <https://www.njmmis.com> website on the *Rate & Code Information* page (see left-side selections) as a new *Procedure Code Listing*.

Physician Assistants that furnish services under the supervision of qualified physicians may request reimbursement for eligible procedure codes under the supervising physician's National Provider Identifier (NPI) or NJFC/Medicaid provider number. Advanced Practice Nurses (APNs) providing these same services as a member of a group practice may report their NPI as the servicing provider. **Services provided by independently practicing APNs, not under the supervision of a qualified physician, are not qualified to receive the enhanced reimbursement rates.**

Physicians with a specialty or subspecialty designation of family medicine, general internal medicine or pediatrics are qualified to receive the enhanced reimbursement rates, if a physician submits a properly completed Affordable Care Act (ACA) Self-Attestation Form (See Attached). The Form requires a qualified physician to self-attest to an eligible specialty or subspecialty; AND either attest to the fact that his or her Board certification is current as of January 1, 2013; or attest to a claims history in which sixty (60) percent of a qualified physician's FFS and/or NJFC/Medicaid HMO claims volume in CY 2012 was for CPT procedure codes 99201 through 99499, and the administration of vaccines. If a physician bills CPT procedure codes 90460 and 90461 to a NJFC/Medicaid managed care plan for the administration of vaccines, the number of claims for these services may count towards the 60 percent claim threshold.

A physician with a designated specialty of family medicine, general internal medicine or pediatric medicine who does not have a properly completed ACA Self-Attestation Form on file with the State's Fiscal Agent will not be qualified to receive the enhanced reimbursement rates.

A letter was sent by DMAHS in November 2012 to all qualified NJFC/Medicaid physicians whose Provider File record did not contain evidence of their Board certification. Physicians were encouraged to update their Board certification status with the State's Fiscal Agent by providing on their letterhead, their NJFC/Medicaid provider

number and NPI number, as well as a copy of their Board certification or a letter from the Certification Board confirming their certification. This information could be faxed to the Molina Medicaid Solutions Provider Enrollment Unit at 609-584-1192 or mailed to: Molina Medicaid Solutions, P.O. Box 4804, Trenton, NJ 08650.

A subsequent letter sent by DMAHS to all qualified physicians, dated December 2012, indicated that CMS recently clarified that all qualified physicians, regardless of their Board certification, must **also** complete the **ACA Self-Attestation Form** (see Attached) This information may also be faxed to: (609) 584-1192; or may be mailed to: Molina Medicaid Solutions, P.O. Box 4804, Trenton, NJ 08650 due to the requirement for an original physician signature.

New Jersey will be increasing Medicaid primary care rates as quickly as possible. However, the State did not receive final federal regulations on the rate increase until November 1, 2012. This was too late to allow the State to meet the January 1, 2013 implementation date authorized in the Affordable Care Act. Once the State increases primary care rates, we will make retroactive payments for the increase for providers and services that qualify under the federal regulations. The State is working with the U.S. Centers for Medicare and Medicaid Services to obtain federal approval for the State's plan to increase primary care rates. We will continue to keep providers informed of the process and timeline.

To further ensure that adjustment payments for eligible claims can be processed correctly, providers are reminded of the importance of reporting their true usual and customary charges on these claims.

If you have any questions concerning this Newsletter, please contact Molina Medicaid Solutions (formerly Unisys) Provider Services at 1-800-776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE



State of New Jersey
 DEPARTMENT OF HUMAN SERVICES
 DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
 P.O. Box 712
 Trenton, NJ 08625-0712

**Affordable Care Act (ACA) Self-Attestation Form
 (As amended by HCERA Section 1202 in 2010)**

Molina Medicaid Solutions Provider Enrollment Unit
 P.O. Box 4804
 Trenton, New Jersey 08650-4804

Dear Molina Medicaid Solutions Provider Enrollment Unit:

I (_____)
 Physician Name

certify that I am a physician practicing within a specialty/subspecialty designation of Family Medicine, General Internal Medicine or Pediatrics **AND** I am qualified to receive ACA-authorized enhanced reimbursement rates **based on my designation below:**

_____ My Board certification status, as determined by the American Board of Physician Specialties, the American Osteopathic Association, the American Board of Medical Specialties, the American Board of Family Medicine (Practice), the American Board of Internal Medicine or the American Board of Pediatrics is current as of the date signed below.

OR

_____ I am not Board certified in the specialty/subspecialty of Family Medicine, General Internal Medicine or Pediatrics; however 60%* of the Medicaid codes I billed during Calendar Year 2012 were for CPT codes 99201 through 99499; and CPT codes for the administration of vaccines.

OR

_____ I am not Board certified in the specialty/subspecialty of Family Medicine, General Internal Medicine or Pediatrics. I am a new** physician and 60%* of the Medicaid codes for the month prior to this application were billed for CPT procedure codes 99201 through 99499; and CPT codes for the administration of vaccines.

Notes:

*CPT codes 90460 and 90461 billed to NJFC/Medicaid managed care plans also count toward the 60 percent claim threshold.

** Newly licensed or new Medicaid physician

(_____)
 Physician Signature

(_____)
 Date signed

(_____)
 (Physician Name – Please Print)

(_____)
 National Provider Identifier (NPI)

PLEASE FAX TO (609) 584-1192 OR MAIL TO THE MOLINA ADDRESS INDICATED ABOVE; ALSO ATTACH A COPY OF YOUR STATE OF NEW JERSEY UNIFORM PRESCRIPTION BLANK FOR IDENTIFICATION PURPOSES

If you ONLY e-prescribe, please indicate your initials here _____.

(ATT- 06/10/2013)

I also certify that I am a physician practicing within a specialty/subspecialty designation of Family Medicine, General Internal Medicine or Pediatrics **AND** I am the supervising physician within my group practice for the Advanced Practice Nurse(s) practicing within a specialty/subspecialty designation of Family Medicine or Pediatrics who has signed below **AND** he/she is qualified to receive ACA-authorized enhanced reimbursement rates **based on my signed self attestation below.**

(_____)
Supervising Physician Signature

(_____)
Date signed

(_____)
(Supervising Physician Name – Please Print)

(_____)
National Provider Identifier (NPI)

(_____)
Advanced Practice Nurse Signature

(_____)
Date signed

(_____)
(Advanced Practice Nurse Name – Please Print)

(_____)
National Provider Identifier (NPI)

(_____)
Advanced Practice Nurse Signature

(_____)
Date signed

(_____)
(Advanced Practice Nurse Name – Please Print)

(_____)
National Provider Identifier (NPI)

(_____)
Advanced Practice Nurse Signature

(_____)
Date signed

(_____)
(Advanced Practice Nurse Name – Please Print)

(_____)
National Provider Identifier (NPI)

(_____)
Advanced Practice Nurse Signature

(_____)
Date signed

(_____)
(Advanced Practice Nurse Name – Please Print)

(_____)
National Provider Identifier (NPI)

(_____)
Advanced Practice Nurse Signature

(_____)
Date signed

(_____)
(Advanced Practice Nurse Name – Please Print)

(_____)
National Provider Identifier (NPI)

(_____)
Advanced Practice Nurse Signature

(_____)
Date signed

(_____)
(Advanced Practice Nurse Name – Please Print)

(_____)
National Provider Identifier (NPI)

(_____)
Advanced Practice Nurse Signature

(_____)
Date signed

(_____)
(Advanced Practice Nurse Name – Please Print)

(_____)
National Provider Identifier (NPI)