



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

NEWSLETTER

Volume 23 No. 08

May 2013

- TO:** Physician Groups with Specialties in Family Medicine, Internal Medicine and Pediatrics & Advanced Practice Nurses with Specialties in Family Medicine and Pediatrics – **For Action**
Health Maintenance Organizations – **For Information Only**
- SUBJECT:** **Enhanced Reimbursement Rates for Advanced Practice Nurses Participating in Certain Physician Group Practices**
- EFFECTIVE:** Certain healthcare claims with service dates on or after January 1, 2013
- PURPOSE:** To notify advanced practice nurses with specialties in pediatrics and family practice participating in certain physician group practices specializing in family medicine, internal medicine and pediatrics of opportunities to receive enhanced reimbursement rates, based on the Affordable Care Act (ACA), as amended by Section 1202 of the Health Care and Education Reconciliation Act (HCERA) of 2010, for certain healthcare services provided by APNs in their practice.
- BACKGROUND:** The ACA, as amended by Section 1202 of the HCERA, provides ***qualified*** Medicaid/NJ FamilyCare (NJFC) fee-for-service (FFS) advanced practice nurses (APNs) participating in qualified physician groups the opportunity to receive enhanced FFS reimbursement rates for evaluation and management (E & M) procedures that are reimbursed by the Medicaid/NJFC program and the administration of vaccines.

A qualified physician group is limited to those practices with a specialty designation of 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).

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

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

ACTION: Effective for claims with service dates on or after January 1, 2013, certain E & M, as well as vaccine administration services provided by APNs participating in a qualified physician group practice shall be eligible to receive enhanced reimbursement rates as determined by the 2013 Medicare Fee Schedule. For those claims in which Medicaid/NJFC is the secondary payer, Medicaid/NJFC will also reimburse qualified physician groups for APN services up to the enhanced reimbursement rates. APN services provided by non-qualified physician groups will continue to be reimbursed based on the Medicaid/NJFC FFS fee schedule.

- **In order for services performed by an APN(s) in their group practice to be eligible to receive enhanced FFS reimbursement rates, all physicians participating in a qualified physician group must complete the attached ACA Self-Attestation Form for services provided by an APN(s) in their group practice to be eligible to receive enhanced FFS reimbursement rates. The NPI of the APN must be reported as the servicing provider on the claim.**
- **When the NPI of an APN is reported on the claim as the servicing provider and all the physicians participating in the group have not self-attested, payment of the claim shall be denied by Error Code 1343, “Group Practice not in compliance Self-Attestation Required.”**
- **APNs not certified in the specialties of family practice or pediatrics are not qualified to receive the enhanced reimbursement rates.**
- **Services provided by independently practicing APNs, not under the supervision of a physician practicing in a qualified physician group, are not eligible to receive the enhanced reimbursement rates.**

APNs with a specialty designation of family medicine or pediatrics who participate in a qualified physician group are eligible to receive the enhanced reimbursement rates, if all the physicians in the group practice submit 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 in the range 99201 through 99499 that are reimbursed by the Medicaid/NJFC program, and for vaccine administration. If a physician bills CPT procedure codes 90460 and 90461 to a Medicaid/NJFC managed care plan for the administration of vaccines, the number of claims for these services may count towards the 60 percent claim threshold.

APN claims submitted by qualified physician groups in which all participating physicians have self-attested as determined by self-attestation forms received by Molina Medicaid Solutions, the State’s fiscal agent, prior to June 1, 2013 are eligible to receive enhanced payments for claims with service dates on or after January 1, 2013.

APN claims submitted by qualified physician groups in which all participating physicians self-attested on or after June 1, 2013 are eligible to receive enhanced payments for claims with service dates on or after the first of the month in which the attestation was received by Molina Medicaid Solutions.

New Jersey will be increasing Medicaid/NJFC 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 back to January 1, 2013 for the increase for providers who submitted their self-attestation prior to June 1, 2013 and for those services that qualify under the federal regulations. Self-attestations received by Molina Medicaid Solutions on or after June 1, 2013 will be back dated to the first of the month in which the attestation was received.

The State is working with CMS 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

CHRIS CHRISTIE
Governor

P.O. Box 712
Trenton, NJ 08625-0712

JENNIFER VELEZ
Commissioner

KIM GUADAGNO
Lt. Governor

VALERIE HARR
Director

ACA Self-Attestation Form
Affordable Care Act (ACA)

(As Amended by Section 1202 of the Health Care and Education Reconciliation Act (HCERA) of 2010)

Date: December 2012

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 with 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

My Board certification in the specialty/subspecialty of Family Medicine, General Internal Medicine or Pediatrics is not current as of the date below however 60% of my NJFC/Medicaid FFS and/or NJFC/Medicaid HMO claims volume (i.e. a claim count) will be for CPT procedure codes 99201 through 99499; and for non-Vaccine-For-Children (VFC)-administered vaccines. Note: CPT codes 90460 and 90461 billed to NJFC/Medicaid managed care plans also count toward the 60 percent claim threshold.

(_____)
Physician Signature

(_____)
Date signed

(_____)
(Physician Name – Please Print)

(_____)
National Provider Identifier (NPI)

SELF-ATTESTATION CANNOT BE FAXED - MAIL TO THE MOLINA ADDRESS ABOVE
PLEASE ATTACH AN ORIGINAL STATE OF NEW JERSEY UNIFORM PRESCRIPTION BLANK FOR IDENTIFICATION PURPOSES

(ATT-01/2013)

If E-prescriptions are only used, please initial here.