



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

NEWSLETTER

Volume 23, No. 12

July 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: **REVISED 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 qualified advanced practice nurses, those with specialties in pediatrics and family practice participating in 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: Advanced practice nurses (APNs) were notified by the New Jersey Division of Medical Assistance and Health Services (DMAHS), in the Medicaid Newsletter, Volume 23, No. 08, of the need for all physicians practicing in a qualified physician group to complete the ACA Self Attestation Form for APNs to be eligible to receive enhanced reimbursement rates. 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).

As indicated in the Newsletter, the State is working with CMS to obtain federal approval for the State's plan to increase primary care rates. As part of this process, CMS requested changes to ACA self-attestation requirements previously announced by DMAHS for APNs practicing in a physician group practice.

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 provided by an APN(s) in his/her group practice to be eligible for enhanced FFS reimbursement rates, the APN must be personally supervised by an eligible physician who accepts professional responsibility for the services provided by the APN. An APN supplement has been included as part of the ACA Self-Attestation Form (ATT-06/10/2013). An APN's supervising physician must complete the ACA Self-Attestation Form (ATT-06/10/2013) attached to this Newsletter. The Self-Attestation Form will also be available on the State fiscal agent website at www.njmmis.com. Both the APN and the supervising physician must sign Page 2 of the Self Attestation Form.
- **Please disregard the May 2013 Volume 23 No. 08 Newsletter. Supervising physicians who previously submitted the ACA Self-Attestation form dated ATT-01/2013 must re-submit the ACA Self-Attestation Form ATT-06-10-13 attached to this Newsletter. The resubmission will ensure keyed-in APN information. Supervising physicians who previously submitted the ACA Self-Attestation Form before June 1st will receive retroactive reimbursement. We apologize for any inconvenience.**
- The NPI of the APN must be reported as the servicing provider on healthcare claims for the group practice to be eligible to receive enhanced payments for services provided by the APN.
- When the NPI of an APN is reported as the servicing provider on a claim submitted by a group practice and the ACA Self-Attestation Form (ATT-06/10/2013) has **not** been received by Molina Medicaid Solutions, the State's fiscal agent, the enhanced payment shall be denied by Error Code 1343, "APN not in compliance Self-Attestation Requirement."
- **Services provided by APNs in a group practice not certified in the specialties of family practice or pediatrics are not eligible for enhanced FFS reimbursement rates.**
- **Services provided by independently practicing APNs, not personally supervised by an eligible physician in a qualified physician group, are not eligible for enhanced reimbursement rates.**

The ACA Self-Attestation Form (ATT-06/10/2013) requires an APN's supervising 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 an APN's supervising 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 the **ACA Self-Attestation Form (ATT-06/10/2013)** is received by Molina Medicaid Solutions **prior to September 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 the **ACA Self-Attestation Form (ATT-06/10/2013)** is received by Molina Medicaid Solutions **on or after September 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.

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)