



State of New Mexico
Medical Assistance Program Manual
Supplement



DATE: June 4, 2015

NUMBER: 15-04

TO: PROVIDERS PARTICIPATING IN THE NEW MEXICO MEDICAID PROGRAM

FROM: NANCY SMITH,  DIRECTOR, MEDICAL ASSISTANCE DIVISION

SUBJECTS:

- I. EXTENSION OF ENHANCED PAYMENTS FOR PRIMARY CARE PROVIDER SERVICES IN 2015 AND BEYOND**
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I. EXTENSION OF ENHANCED PAYMENTS FOR PRIMARY CARE PROVIDER SERVICES IN 2015 AND BEYOND

The New Mexico Medicaid program will extend the primary care increase as defined in section 1202 of the Affordable Care Act (ACA) which amended sections 1902(a) (13), 1902(jj), 1905(dd) of the Social Security Act as it has been in place for 2013 and 2014. MAD intends to continue this program through 2015 and beyond using the Medicare fee schedule in effect for dates of service as the primary care payment rate. As approved by the Centers for Medicare and Medicaid Services (CMS) the rate increases for the primary care services will be implemented effective January 1, 2015.

The applicable codes and fee schedule amounts are located on the Human Services Department Medical Assistance Division (HSD/MAD) website at:

<http://www.hsd.state.nm.us/providers/fee-schedules.aspx> On the website, scroll down and accept the terms and conditions of using the site, then scroll down to Fee Schedules or Rates and select: PCP Schedule Rate Increase for Selected Codes 1.2015.pdf

This supplement serves as notice of the intent of MAD to continue to implement federal requirements and provides further clarification and instructions to providers regarding what must be done in order to receive the increased payment.

II. ATTESTATION

The ACA specifies that the increased payment applies to primary care services delivered by a physician who self-attests and meets at least one of the requirements outlined below, or by a qualified physician extender practicing under the direct supervision of a physician who accepts professional responsibility and legal liability for the extender and also meets the requirements for the primary care increase.

A physician may be eligible for the primary care increase in either of two ways:

- A physician board certified in family medicine, internal medicine, or pediatric medicine by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA), including any subspecialty of those designations; if the provider also attests that he or she is practicing in that board certified specialty; or
- If not board certified as indicated above, the provider can attest to practicing in the specialty areas of family medicine, general internal medicine, or pediatric medicine, and that specific primary care evaluation and management (E&M) services and vaccine administration services are at least 60 percent of all procedure codes the physician has billed the Medicaid program (fee for service and managed care programs, combined) during the prior calendar year (2014); or, for new providers, the prior month.

The American Board of Medical Specialties informed CMS that the American Board of Allergy and Immunology (ABAI) is a sub discipline of the American Board of Pediatrics and the American Board of Internal Medicine; therefore, these providers (board-certified allergists) are also eligible for the increased payment.

III. TRANSITION OF EXISTING ELIGIBLE PROVIDERS

Physicians or extenders eligible for primary care provider (PCP) enhanced payments at the end of 2014 will continue to be eligible for PCP enhanced payments in 2015 and subsequent years based on:

- **Board Certification:**
Providers who attested and were approved for the 2013 and/or 2014 PCP enhanced payments whose attestation was still in effect on December 31, 2014, who qualified by meeting the board specialty requirements, and who continue to be an approved provider for the New Mexico Medicaid program, will continue to receive PCP enhanced payments for 2015 and subsequent years. As their board certifications expire, providers are required to submit documentation of their renewed board certification if the state agency cannot verify their renewal with their board.

- **Sixty Percent Claims Threshold:**
To facilitate provider attestation for 2013 and 2014, MAD produced reports that measured the percent of the provider's Medicaid billing history, for both fee for service and managed care paid claims. These reports indicate the percent of the provider's billing for the primary care evaluation and management procedure codes, including vaccinations, as a percent of all claims. MAD will perform this same calculation based on 2014 claims for providers whose approved 2013/2014 attestation was still in effect on December 31, 2014. Any currently attested provider who continues to be an approved provider for the New Mexico Medicaid program will continue to receive the PCP increased payment for 2015 and subsequent years based on their previous attestation and agency approval as long as the provider continues to meet the threshold percentage of 60% primary care codes. This calculation will be performed again in each of the subsequent years in which the increased payment program is in effect. Any currently attested provider who does not meet the 60% threshold requirement will be notified that he or she must re-attest and must be re-approved as meeting the criteria in order to receive the PCP enhanced payment for 2015 and subsequent years. This same process will be performed each year that the PCP enhanced payment program continues subsequent to 2015.

Increased payment for primary care services is limited to providers who have enrolled as approved providers for the Medicaid fee for service program, the Medicaid managed care programs, or both.

IV. PROVIDER QUALIFICATIONS

Providers not previously eligible to qualify for the enhanced primary care payment increase per 42 CFR 447.400(a) will not be allowed to receive enhanced payments in 2015 or subsequent years, including: providers whose services are reimbursed on the basis of an encounter rate, such as federally qualified health centers, rural health clinics, Indian health service and tribal 638 facilities, unless the service was paid at a fee schedule rate.

Physician extenders, identified as physician assistants, certified nurse practitioners, pharmacist clinicians, and certified nurse midwives are not eligible to qualify unless their supervising physician attests to practicing in one of the specialty designations and qualifies with a board certification or meets the 60% primary care threshold. In the attestation, the supervising physician must accept professional responsibility and legal liability for the extender as verified on the attestation form. The attestation form must include the supervising physician's NPI number and signature.

V. EFFECTIVE DATE OF PAYMENTS

For 2015 and subsequent years (the extension years) of the increased PCP payments, New Mexico Medicaid will continue to follow the provider qualifying circumstances as

described above, and in 42 CFR 447.400(a) and used for the 2013 and 2014 increased payment program.

A provider attesting by June 30, 2015 will receive PCP increased payments for dates of service retroactive to January 1, 2015. A provider who is attesting on July 1, 2015 or later will receive increased PCP payments for dates of service beginning the first day of the month following the date the attestation is accepted by MAD, unless the provider is renewing an attestation that expired in 2014 and filed the attestation within 90 days of the expiring attestation.

Any provider not having an approved attestation in effect on December 31, 2014 must file a new attestation and be approved prior to receiving PCP increased payments for 2015. Any provider attesting for the first time for 2015 or subsequent years will not receive PCP enhanced payments for 2013 or 2014.

A newly enrolled Medicaid provider will be paid for eligible claims no earlier than the effective date of his or her New Mexico Medicaid provider enrollment. A provider who is newly board certified will be paid for eligible claims no earlier than the effective date of his or her board certification. A provider with an expired board certification will not be paid for claims with dates of services after the expiration date of the board certification.

MAD will continue to make lump sum quarterly fee for service PCP increased payments after each calendar year quarter in 2015. Beginning in calendar year 2016, MAD plans to transition the fee for service PCP enhanced payment as an added amount on the claim at the time of payment. Managed care organizations will continue to manage their PCP enhanced payments in 2015 and beyond.

If you have questions regarding the information in this Supplement, you may contact the Medicaid Program Policy Bureau at (505) 827-3171.

We appreciate your participation in the Medicaid program.