


GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 16-11

TO: Primary Care Physicians, Psychiatrists, Obstetricians/Gynecologists, and Advance Practice Registered Nurses

FROM: Claudia Schlosberg, J.D. 
Senior Deputy Director and State Medicaid Director

DATE: May 24, 2016

SUBJECT: Medicaid Primary Care Provider Rate Permanent Extension for Qualified Physicians and Advanced Practice Registered Nurses

As a follow-up to Transmittal 15-43 published on November 5, 2015, the purpose of this transmittal is to alert primary care providers of a permanent rate increase for primary care services which became effective on January 1, 2016. The enhanced payment applies to both fee-for-service and managed care claims. Qualified primary care service providers receiving payment through another provider such as a hospital, a clinic, or a federally-qualified health center are not eligible for the increased payment.

Eligible family medicine, general medicine, obstetrics/gynecology, and pediatric medicine subspecialties include only those recognized by the American Board of Medical Specialists (ABMS), the American Board of Physician Specialists (ABPS), the American Board of Obstetrics and Gynecology, the American Board of Psychiatry and Neurology, and the American Osteopathic Association (APPS).

Eligible APRNs will only include those certified by the American Association of Nurse Practitioners, the National Association of Clinical Nurse Specialists, the American College of Nurse-Midwives, or the National Board of Certification and Recertification for Nurse Anesthetists.

Attachment A is the Self Attestation Form. Physicians seeking the enhanced payment must complete sections II, IV, and V. APRNs must complete section II. A primary care services provider who previously submitted a self-attestation form to DHCF and was eligible to receive the enhanced primary care rate in FY 15 need not submit a new form. However, if there is an eligibility change, then the provider has to resubmit a self-attestation form to DHCF.

To reiterate the qualifications, each primary care service provider must first self-attest that he/she is a provider with a specialty designation of family medicine, general internal medicine, obstetrics/gynecology, psychiatry or pediatric medicine.

In addition, each provider must self-attest that he/she is either Board-certified in an eligible specialty or eligible subspecialty and/or that sixty percent (60%) of his/her Medicaid claims for the prior year (or for new practitioners, the prior month), were for the eligible Evaluation and Management (E&M) codes specified under federal rules.

Eligible E&M codes include the following:

99238, 99239, 99289, 99290, 99292, 99294, 99295, 99296, 99298, 99299, 99300, 99315, 99316, 99326, 99339, 99340, 99358, 99359, 99360, 99374, 99375, 99377, 99378, 99379, 99380, 99386, 99387, 99402, 99403, 99412, 99420, 99431, 99432, 99433, 99435, 99436, 99440, and 99499.

Vaccine administration codes include the following:

90460, 90465, 90466, 90467, 90468, 90473, and 90474.

The Department of Health Care Finance (DHCF) is only required to reimburse for codes that are already covered under the District of Columbia's Medicaid program. Therefore, codes that are not covered on DHCF's fee schedule shall not be reimbursed at the enhanced rate. All other District of Columbia Medicaid program coverage and reimbursement policies related to E&M and vaccine administration services remain in effect.

EFFECTIVE DATE OF PAYMENTS:

Only providers whose self-attestation forms were received by DHCF prior to January 1, 2016 shall be eligible for enhanced payments retroactive to January 1, 2016. Other first time applications received after January 1, 2016 will receive the enhanced rates beginning on the date when their self-attestation form is received by DHCF. An eligible primary care service provider must submit the self-attestation form to DHCF to qualify.

Additional information about this program is available at www.dhcf.dc.gov or by calling Provider Services at (202) 698-2000. If you have questions regarding this transmittal, please contact Amy Xing, Reimbursement Analyst, at (202) 481-3375, or email to Amy.Xing2@dc.gov.

The complete fee schedule is available online at www.dc-medicaid.com/dcwebportal/providerSpecificInformation/providerInformation.

See Attachments



Section I: Instructions

The District of Columbia pays qualified providers for certain primary care and vaccine administration services at an enhanced rate that is equal to 100% of the Medicare fee schedule. The increased payment applies to both fee-for service and managed care claims. Practitioners who are paid through another provider such as hospital or federally-qualified health center are not eligible for the increased payment.

Eligible primary care providers include qualified Primary Care Physicians, Psychiatrists, Obstetricians/ Gynecologists (OB/GYNs) and Advanced Practice Registered Nurses (APRNs). To qualify for the increase in primary care payments, each physician must first self-attest that he/she is a physician with a specialty designation of family medicine, general internal medicine, pediatric medicine, obstetrics/gynecology, or psychiatry. In addition, each physician must self-attest that he/she is either Board-certified in an eligible specialty or that 60 percent of his/her Medicaid claims for the prior year (or for new practitioners, the prior month), were for the eligible Evaluation and Management (E &M) codes specified under DHCF rules. If you are a physician seeking the increased payment, you must complete Section II, IV and V of this form.

To qualify as an Advanced Practice Registered Nurses (APRNs), each APRN must self-attest that 60 percent of his/her Medicaid claims for the prior year (or for new practitioners, the prior month), were for the eligible Evaluation and Management (E &M) codes specified under DHCF rules. An APRN who practices under the supervision of an eligible physician may also be eligible for an increased payment rate. If you are an APRN seeking the increased payment based upon your supervising physician's eligibility, your supervising physician must complete Section II, IV and V and you must complete section III. (Note: Physicians must complete a separate application form for each APRN under their supervision). On an annual basis, DHCF will review claims to verify that physicians and APRNs receiving higher payments meet the requirements for such payments. A false statement or false certification on this form may result in recoupment of any overpayments and prosecution for filing a false claim.

Note: Do not submit a new form if you are a primary care services provider who previously submitted a self-attestation form to DHCF and was eligible to receive the enhanced primary care rates in FY 15.

Section II: Provider Information

DATE		PROVIDER NAME			
BUSINESS STREET ADDRESS		CITY		STATE	ZIP CODE
COUNTY	PROVIDER TELEPHONE NO	PROVIDER FAX NO	PROVIDER E-MAIL ADDRESS		
DESIGNATED CONTACT NAME		DESIGNATED CONTACT PHONE NUMBER		DESIGNATED CONTACT E-MAIL ADDRESS	
EIN NUMBER	NPI NUMBER	MEDICAID PROVIDER NUMBER	LICENSE NUMBER	STATE & DATE OF ISSUANCE	
Are you a Medicaid Managed Care Provider? Yes ___ No ___	If so, please identify all DC Medicaid health plans in which you participate as a network provider:				

Section III: Provider Information (For non-physicians practicing under the supervision of the physician named in Section II only)

DATE		PROVIDER NAME			
BUSINESS STREET ADDRESS		CITY		STATE	ZIP CODE
COUNTY	PROVIDER TELEPHONE NO	PROVIDER FAX NO	PROVIDER E-MAIL ADDRESS		
DESIGNATED CONTACT NAME		DESIGNATED CONTACT PHONE NUMBER		DESIGNATED CONTACT E-MAIL ADDRESS	
EIN NUMBER	NPI NUMBER	MEDICAID PROVIDER NUMBER	LICENSE NUMBER	STATE OF ISSUANCE	
Are you a Medicaid Managed Care Provider? Yes ___ No ___	If so, please identify all DC Medicaid health plans in which you participate as a network provider:				
<input type="checkbox"/>	<input type="checkbox"/>				



Section IV: Specialty Designation

1. I _____ affirm that I am a physician with a primary specialty designation of **(Check all that apply)**:
 (Full Name of Provider)

- Family Medicine
- General Internal Medicine
- Obstetrics/ Gynecology
- Psychiatry, or
- Pediatric Medicine

2. _____ I further attest that I am Board certified in _____. I received my Board-certification on _____ from _____ and my certification is current and valid; or

3. _____ I have furnished evaluation and management services and vaccine administration services related to one of the recognized primary care specialties using HCPCS Evaluation and Management Codes 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474 or their successors and these codes are equal to at least 60 percent of the Medicaid codes that I have billed during the twelve months preceding this application; or

4. _____ I have been a Medicaid provider for less than 12 months and have furnished evaluation and management services and vaccine administration services related to one of the recognized primary care specialties using HCPCS Evaluation and Management Codes 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474 or their successors and these codes are equal to at least 60 percent of the Medicaid codes that I have billed during the month preceding this application.

1. I _____ affirm that I am an Advanced Practice Registered Nurse and

2. _____ have furnished evaluation and management services and vaccine administration services related to one of the recognized primary care specialties using HCPCS Evaluation and Management Codes 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474 or their successors and these codes are equal to at least 60 percent of the Medicaid codes that I have billed during the twelve months preceding this application; or

3. _____ I have been a Medicaid provider for less than 12 months and have furnished evaluation and management services and vaccine administration services related to one of the recognized primary care specialties using HCPCS Evaluation and Management Codes 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474 or their successors and these codes are equal to at least 60 percent of the Medicaid codes that I have billed during the month preceding this application.

4. _____ I have furnished evaluation and management services and vaccine administration services related to one of the recognized primary care specialties using HCPCS Evaluation and Management Codes 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474 or their successors and these codes are equal to at least 60 percent of the Medicaid codes that I have billed during the twelve months preceding this application; or

5. _____ I have been a Medicaid provider for less than 12 months and have furnished evaluation and management services and vaccine administration services related to one of the recognized primary care specialties using HCPCS Evaluation and Management Codes 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474 or their successors and these codes are equal to at least 60 percent of the Medicaid codes that I have billed during the month preceding this application.

Section V: Self-Attestation

I _____ attest, under penalties of perjury, that the information on this application form is true and correct to the best of my knowledge and that I meet the criteria as a primary care physician eligible to receive the increased payment for designated primary care services.

 Print Name

 Signature

 Date

Completed forms should be mailed or emailed to:

Department of Health Care Finance
 Provider Enrollment and Outreach Branch
 441 4th Street, NW
 Suite 1000 South
 Washington, DC 20001
 202-698-2000
 Email: dhcf.providerenrollment@dc.gov



DEPARTMENT OF HEALTH CARE FINANCE



Q&A ON THE INCREASED MEDICAID REIMBURSEMENT FOR PRIMARY CARE SERVICES UNDER THE AFFORDABLE CARE ACT

Effective January 1, 2016, the Department of Healthcare Finance (DHCF) increased Medicaid reimbursement for specified primary care services to 100% of Medicare levels. This Q & A is intended to answer your questions about how the Department of Health Care Finance is implementing these changes in the District's Medicaid program.

1. What primary care services are covered?

Evaluation & Management (E&M) codes 99201 through 99499 that are covered by the DC Medicaid Program and vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474 (or successor codes, where applicable) are eligible for higher reimbursement. All other District of Columbia Medicaid program coverage and reimbursement policies related to E&M and vaccine administration services remain in effect.

2. Who is eligible to receive the increased reimbursement?

DC Medicaid State Plan provides for higher reimbursement in both the fee-for-service (FFS) and managed care settings for specific primary care services furnished by:

- Practicing physicians who first self-attest to a specialty designation of:
 - family medicine, general internal medicine, pediatric medicine, gynecology, psychiatry; and
 - Who then self-attests to:
 - board-certification in family medicine, general internal medicine, pediatric medicine, or in a subspecialty of family medicine; general internal medicine or pediatric medicine as designated by the American Board of Medical Specialties (ABMS); The American Board of Physician Specialties (ABPS); or the American Osteopathic Association (AOA); and or
 - at least sixty (60) percent of all Medicaid services the physician bills FFS or provides in a managed care environment are for the specified Evaluation & Management (E&M) and vaccine administration codes.
 - Advanced Practice Registered Nurse (APRN) To qualify as an Advanced Practice Registered Nurse (APRN), each APRN must self-attest that 60 percent of his/her Medicaid claims for the prior year (or for new practitioners, the prior month), were for the eligible Evaluation and Management (E & M) codes specified under DHCF rules.

3. Are physicians who work in Federal Qualified Health Centers eligible for increased reimbursement?

No. Increased reimbursement is unavailable for physicians who are reimbursed through a Federally Qualified Health Center (FQHC). Increased reimbursement is available only to physicians who are reimbursed by Medicaid on a physician fee schedule.

4. Are non-physician practitioners, such as nurse practitioners, eligible?

Yes, eligible services provided within the scope of their license by advanced registered nurses, nurse practitioners, and nurse midwives can receive the higher reimbursement. These non-physician practitioners may use their own Medicaid number when billing for these services.

5. How do I begin to receive/sign up for the higher reimbursement?

Providers interested in receiving increased reimbursement for eligible services must submit a self-attestation form to Health Care Operations Administration (HCOA), Provider Enrollment and Outreach Branch for processing. The form is available on DHCF's website: <https://www.dcmecicaid.com/dcwebportal/nonsecure/downloadEnrollmentPackage>. Forms may be emailed to dhcf.providerenrollment@dc.gov, or mailed to Department of Health Care Finance, Provider Enrollment and Outreach Branch, 441 4th Street, NW Suite 1000 South, Washington, DC 20002.

6. When will I begin to receive the increased reimbursement?

The increased reimbursement will be effective for dates of service on or after approval dates of the self-attestation form.

7. How much additional reimbursement can I expect to receive?

Under Medicare and Medicaid principles, payment will be made at the lower of provider charges or the rate, which is one hundred (100%) percent of the applicable Medicare rate. DHCF will publish the eligible codes and applicable rates on its website: <https://www.dcmecicaid.com/dcwebportal/providerSpecificInformation/providerInformation>.

8. How will this work for fee-for-services and managed care claims?

The DC Medicaid State Plan authorizes increased Medicaid reimbursement rates for eligible services, whether billed pursuant to the FFS fee schedule or pursuant to a Medicaid managed care contract. There is no exception carved out for managed care.

For fee-for-service claims, DHCF will increase the fee schedule for eligible claims to reflect the increased rates for eligible services and eligible provider claims will be paid in accordance with the payment principles described in Question 7 above.

For managed care, the MCOs are required to increase the rates paid to providers who are approved to receive the enhanced payment.

9. I am a primary care physician that participates as a network provider for a DC Medicaid MCO. Am I eligible even though I am not a DC Medicaid provider?

Yes. However you will need to complete and submit a self-attestation form.

For further information, please contact Provider Services at 202-906-8319 (inside DC metro area) or 866-752-9233 (outside D.C. metro area).