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Jack Dairymple, Governor
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May 17, 2013

To: Primary Care Providers participating in North Dakota Medicaid

From: Maggie D. Anderson, Director, Medical Services Division *Maggie*

RE: Enhanced Payments for Certain Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration under the Vaccines for Children Program

Section 1202 of the Affordable Care Act (ACA) requires that Medicaid payment for certain evaluation and management (E & M) services and immunization administration services furnished in calendar years 2013 and 2014 by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine are to be at a rate not less than 100 percent of the payment rate that applies to such services under Medicare.

Services identified in the ACA eligible for enhanced payments include evaluation and management (E&M) codes 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473, and 90474. North Dakota Medicaid currently reimburses above the Medicare payment rate for E&M codes, so the enhanced payment only applies to vaccine administration codes.

The ACA establishes increased payments to physicians with a specialty designation of family medicine, general internal medicine, and pediatric medicine, or any subspecialty of those three specialties recognized by the American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Physician Specialties. In order to be eligible for the increased payment, physicians must be enrolled as family medicine, general internal medicine, or pediatric medicine providers, or a subspecialty thereof, and must self-attest as qualifying either by board certification or show that 60% of all Medicaid services they bill are for the specified E&M and vaccine administration codes.

According to the rules adopted, mid-level practitioners are eligible for the enhanced payment **only** if they are under the direct supervision of an **eligible** physician. The physician directly supervising the mid-level practitioner must accept full professional responsibility and legal liability for the services rendered by the mid-level practitioner. The eligibility of services provided by mid-level/non-physician practitioners is dependent on 1) the eligibility of the physician and 2) whether or not the physician accepts professional responsibility and legal liability for the services provided by the mid-level. In order for the mid-level practitioner to receive the enhanced payment, the qualifying physician must submit the attestation form identifying these practitioners.

The self-attestation form is enclosed. Qualifying physicians interested in receiving the higher payment for vaccination administration for Medicaid clients must submit the completed self-attestation form by **June 17, 2013** in order for the self-attestation to be made effective back to January 1, 2013. Self-attestations received after **June 17, 2013** will be effective the date they are received.

In order to be eligible for higher payment, Physicians must first self-attest to a covered specialty or subspecialty designation. There are two options to support the self-attestation:

- (1.) Physicians, who self-attest as qualifying due to board certification in family medicine, general internal medicine, or pediatric medicine, or a subspecialty thereof, must provide the effective date, the expiration date, and a copy of the certification. Qualification for the payment increase will end the earliest of either 12/31/2014 or the expiration date of the board certification. Therefore, physicians' whose board certifications expire during the calendar year 2013 or 2014, must reattest for the program; services provided during any lapses in time between board certification expiration and reattestation will not be eligible for the rate increase; or
- (2.) Providers who self-attest as qualifying due to 60% of Medicaid billed codes in the previous calendar year are required to attest each calendar year (2013 and 2014). Providers who enrolled as North Dakota Medicaid providers during the previous calendar year must attest that 60% of billed Medicaid codes are qualifying E&M and vaccine administration codes from enrollment date to the end of the calendar year. Providers who were enrolled as North Dakota Medicaid providers for the entire previous calendar year must attest 60% of Medicaid billed codes during the entire calendar year are qualifying E&M and vaccine administration codes. Newly enrolled physicians during CY2013 and CY 2014 choosing to use the 60% threshold, cannot self-attest until at least 1 month after enrolling as a North Dakota Medicaid provider. Services provided during any lapses in time between the end of the calendar year and reattestation will not be eligible for the rate increase.

Increased payment is not available for services provided by a physician delivering services under any other benefit authorized by the Act. This includes services provided in Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), or Indian Health Services (IHS) because payment for these services is made on an encounter-rate basis and is not specific to the physician services. Additionally, professional services provided by Public Health Units, Pharmacists, or in a nursing facility and reimbursed as part of a per diem rate are not eligible for the increased payment.

The increased payments for qualifying providers will be made quarterly through a supplemental payment process based on the vaccination administration CPT code paid. Payments will be determined based on claims history for each qualifying provider. The difference between the usual North Dakota Medicaid fee for the eligible service and the enhanced fee will be calculated for services in that quarter and paid out in a lump sum supplemental payment.

Qualifying primary care providers who administer vaccines to children enrolled in Medicaid under the VFC program are required to be paid at the lesser of the Medicare rate or the updated State regional maximum administration fee for vaccine. According to guidance issued by CMS, physicians employed by

hospitals whose services are reimbursed by Medicaid on a physician fee schedule must receive the benefit of the higher payment. While hospitals could increase salaries they could also provide additional/bonus payments to eligible physicians to ensure that they receive the benefit of higher Medicaid payment. As required by the ACA rule, at the end of CY 2013 and the end of CY 2014, the Office of Medicaid Policy and Planning (OMPP) will review a statistically valid sample of physicians who have received the increased payments to verify they are either board certified in an eligible specialty or that 60% of claims billed are for eligible codes. All physicians who self-attest are subject to auditing. Physicians identified as not meeting these requirements will be removed from the program and any increased payments will be recouped. Per guidance from the Centers for Medicare and Medicaid Services (CMS) and the Center for Disease Control and Prevention (CDC), North Dakota Medicaid has implemented updated guidelines for the immunization administration of vaccines/toxoids.

For qualified providers, quarterly supplemental payments will be made for immunization administration of Vaccines for Children (VFC) vaccines/toxoids. All North Dakota Medicaid eligible children (0-18 years of age) must receive VFC vaccines/toxoids supplied by the North Dakota Department of Health. In order to receive the supplemental immunization administration payment, the service must be delivered by qualified physicians.

For qualified providers, quarterly supplemental payments will be made for immunization administration of vaccines/toxoids to ND Medicaid eligible adults (19 years of age and older) at the difference between the current Medicaid fee schedule and the current Medicare allowed amount for each initial immunization administration code (90471, 90473). Currently, the Medicare allowed amount is **\$25.69** for each initial administration (90471, 90473). Providers need to bill these codes using the initial and subsequent administration code guidance per CPT.

Again, in order to receive the enhanced supplemental payment effective back to January 1, 2013, if you are a North Dakota Medicaid qualifying provider who meets the CMS criteria for the supplemental payment, you must complete and return the attestation form (attached) to the Department by **June 17, 2013**. Self-attestations received after **June 17, 2013** will be effective the date they are received.

Providers who administered vaccines/toxoids will continue to utilize the immunization administration codes 90471-90474 (SEE ATTACHED GUIDELINE). **All** North Dakota Medicaid enrolled providers who administer vaccines/toxoids must follow the attached guideline when billing for immunization administration. Qualifying providers who meet the CMS criteria for the supplemental payment will receive quarterly supplemental payouts to compensate for the enhanced payment increase.

If you have questions, please contact Cindy Sheldon at (701) 328-4626 or email at: cmsheldon@nd.gov