Frequently Asked Questions on Supplemental Payments for Primary Care Physicians

1. Who is eligible for the supplemental payment?

To qualify for the supplemental payment, the qualified primary care physician must meet one of the two conditions listed below:

A. The physician must be board certified by the American Board of Medical Specialties, the American Osteopathic Association, or the American Board of Physician Specialties in one of the following specialties or subspecialties:

1. **American Board of Medical Specialties (ABMS)**
   - Family Medicine – Adolescent Medicine; Geriatric Medicine; Hospice and Palliative Medicine; Sleep Medicine; Sports Medicine
   - Internal Medicine – Adolescent Medicine; Advanced Heart Failure and Transplant Cardiology; Cardiovascular Disease; Clinical Cardiac Electrophysiology; Critical Care Medicine; Endocrinology, Diabetes and Metabolism; Gastroenterology; Geriatric Medicine; Hematology; Hospice and Palliative Medicine; Infectious Disease; Interventional Cardiology; Medical Oncology; Nephrology; Pulmonary Disease; Rheumatology; Sleep Medicine; Sports Medicine; Transplant Hepatology.
   - Pediatrics – Adolescent Medicine; Child Abuse Pediatrics; Developmental-Behavioral 3 Pediatrics; Hospice and Palliative Medicine; Medical Toxicology; Neonatal-Perinatal Medicine; Neurodevelopmental Disabilities; Pediatric Cardiology; Pediatric Critical Care Medicine; Pediatric Emergency Medicine; Pediatric Endocrinology; Pediatric Gastroenterology; Pediatric Hematology-Oncology; Pediatric Infectious Diseases; Pediatric Nephrology; Pediatric Pulmonology; Pediatric Rheumatology, Pediatric Transplant Hepatology; Sleep Medicine; Sports Medicine.

2. **American Osteopathic Association (AOA)**
   - Family Physicians – No subspecialties
   - Internal Medicine – Allergy/Immunology; Cardiology; Endocrinology; Gastroenterology; Hematology; Hematology/Oncology; Infectious Disease; Pulmonary Diseases; Nephrology; Oncology; Rheumatology.
   - Pediatrics – Adolescent and Young Adult Medicine, Neonatology, Pediatric Allergy/immunology, Pediatric Endocrinology, Pediatric Pulmonology.

3. **American Board of Physician Specialties (ABPS)**
   - The ABPS does not certify subspecialists. Eligible certifications include: American Board of Family Medicine Obstetrics; Board of Certification in Family Practice; and Board of Certification in Internal Medicine. There is no board certification specific to Pediatrics.

OR

B. If not board certified in one of the specialties or subspecialties as listed above, a physician may also qualify if 60% of the Medicaid services reimbursed to him/her during the calendar year consist of Evaluation and Management (E & M) codes and vaccines administered under the Vaccines for Children program. The 60% is calculated based on the actual number of services reimbursed and does not include any reimbursed, dual eligible claims.

2. Does the 60 percent threshold include both E&M codes and vaccine administration codes?*

Yes. The 60 percent threshold can be met by any combination of eligible E&M and vaccine administration codes.
3. How do I receive the supplemental payment?

To receive the supplemental payment, providers must confirm their eligibility for supplemental payments by completing the self-attestation process. The self-attestation process is available online through the Provider Portal or via paper form.

A. To attest online, visit the provider portal on the Arkansas Medicaid website at: https://www.medicaid.state.ar.us/Provider/Provider.aspx.

B. To request a paper form for attestation, contact the Arkansas Medicaid Provider Enrollment Unit at (501) 376-2211 (local or out of state) or (800) 457-4454 (in-state).

4. Where do I send the signed attestation form?

The paper form can be faxed or mailed to the Arkansas Medicaid Provider Enrollment Unit:

Medicaid Provider Enrollment Unit  
Hewlett Packard Enterprise  
P.O. Box 8105  
Little Rock, AR 72203-8105  
Fax (501) 374-0549

5. Does each provider need to attest or will provider groups attest for their performing providers?

Each performing provider is required to attest.

6. How often will I be required to self-attest?

Eligible physicians will be required to attest in calendar year 2013 and calendar year 2014.

7. Can a physician self-attest to board certification or a supporting claims history after January 1, 2013, (when the primary care payment increase begins) but expect higher payment back to the beginning of the year?

Arkansas Medicaid must have the appropriate self-attestations in hand before providers will be paid the higher rate. Providers will start receiving payments in the quarter they attest. Providers will receive payments for all eligible claims back to January 1 of the current calendar year.

8. Will the supplemental payment be made as an adjustment to the original payment or in a lump sum?

The payments will be made on a quarterly basis in a lump sum. The payment amount will be shown under the “Financial Transactions” section of the Remittance Advice. A summary of the affected claims will also be available. More information will be provided on this topic as it is made available.

9. Is there a website with this information?

For updated information about this project, please visit the “PCP Supplemental Payment Information” page on the Arkansas Medicaid website at: https://www.medicaid.state.ar.us/Provider/PCPSupPay.aspx.

10. When will the supplemental payment be in effect?

The Affordable Care Act (ACA) mandates that states pay the supplemental payment for qualifying services provided beginning January 1, 2013 through December 31, 2014.
11. Can mid-level/non physician practitioners such as nurse practitioners receive the higher payment?*

The final rule specifies that services must be delivered under the Medicaid physician services benefit. This means that higher payment will also be made for primary care services rendered by practitioners working under the personal supervision of a qualifying physician. The rule makes clear that, while deferring to state requirements regarding supervision, the expectation is that the physician assumes professional responsibility for the services provided under his or her supervision. This normally means that the physician is legally liable for the quality of the services provided by individuals he is supervising. If this is not the case, the practitioner would be viewed as practicing independently and would not be eligible for higher payment.

12. How are case management fees in Primary Care Case Management (PCCM programs affected by this rule?*

PCCM payments are not eligible for higher payment under this rule.

13. Do physicians practicing in FQHCS and RHCs qualify for higher payment?*

Higher payment does not apply to services provided under another Medicaid benefit category such as clinic or Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

14. How will vaccine administration be paid for services vaccines provided under the Vaccines for Children (VFC) program?*

As specified at 42 CFR 447.405(2)(b) for vaccines provided under the Vaccines for Children Program (VFC) in CYs 2013 and 2014, Arkansas must pay the lesser of: (1) the Regional Maximum Administration Fee; or, (2) the Medicare fee schedule rate in CY 2013 or 2014 (or, if higher, the rate using the 2009 conversion factor and the 2013 and 2014 RVUs) for code 90460.

This complies with the statutory requirements of the VFC program that limit payments to the VFC ceiling, which is the amount charged by the provider, and to one payment per vaccine administered regardless of the number of antigens in the vaccine. In 2013 and 2014, CMS expects that the regional VFC ceilings will be lower than the Medicare rates, which will result in a payment increase to providers.

15. How do I reconcile supplemental payments to their associated claims?

To access the new PCP supplemental payment reconciliation report, you must first register for AMII access using the Arkansas Medicaid Provider Portal.

To register for AMII access, log on to the provider portal. You will see a link in the “Available Tools” section of the portal titled “View AMII Reports”. Click this link. New users will be automatically registered for AMII access and will be allowed access to the supplemental payment reports.

Once you are registered for AMII access, you can view the supplemental payment reports at any time by clicking the “View AMII Reports” link within the provider portal. Only providers affected by the supplemental payment (performing providers who have attested and billing providers who have received the supplemental payment) will receive AMII access to view the reports.