



February 8, 2013

# Montana Health Care Programs Notice

## Physician and Mid-Level Providers

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### Primary Care Enhanced Payment Program Notification

The Department of Public Health and Human Services will be participating in a program to enhance payments to primary care practitioners.

This program is titled *Payment for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration under the Vaccine for Children Program* as defined in the Patient Protection and Affordable Care Act of 2010.

This program will be implemented in late March 2013 with claim adjustments retroactive to January 1, 2013. Qualifying services for CY 2013 and CY 2014 are listed in the Primary Care Enhanced Payment Fee Schedule, which is available on the Enhanced Payment page of the website (<http://medicaidprovider.hhs.mt.gov/providerpages/enhancedpayment.shtml>). These services include certain primary care evaluation and management and vaccine administrative services.

To assist providers in obtaining enhanced reimbursement, the Department has developed a self-attestation form that can be completed, signed, and returned to the Department's fiscal agent.

In order to qualify, physicians practicing within the scope of practice of medicine or osteopathy must first self-attest that they practice in a specialty designation of family practice, general internal medicine, or pediatric medicine. Physicians must further attest that they are board certified in an eligible subspecialty within one of the defined specialties, or that 60% of their Medicaid claims for the prior year were for services listed in the Primary Care Enhancement Fee Schedule. Physicians must submit a completed self-attestation form; without the signed form, the Department will be unable to reimburse physicians at the enhanced rate. For a list of designed specialties and eligible subspecialties, see pages 2 and 3 of this provider notice.

Physicians attesting to board certification must have a certificate with the American Board of Medical Specialties (ABMS), American Board of Physician Specialties (ABPS), or American Osteopathic Association (AOA). A copy of that certificate must be included with the form.

For non-physician providers, this program provides for higher payment for services delivered under the personal supervision of qualifying physicians. A supervising 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 or she is supervising. If not under the supervision of a qualifying physician, the non-physician practitioner would be viewed as practicing independently and would not be eligible for higher payment.

A signature and rendering NPI are required. If a non-physician practitioner is submitting the form, he or she must also have the supervising physician's signature and rendering NPI on the self-attestation. **If the self-attestation form is not complete or a copy of the applicable board certificate is missing, the form will not be processed.**

Claims for 2013 processed prior to the Department receiving a complete self-attestation will be reimbursed at the standard fee schedule amount. Services will be reimbursed at the enhanced rate after the provider submits a complete self-attestation. Qualified services with dates of service on or after January 1, 2013 but processed prior to receipt of a complete attestation may be adjusted back to January 1, 2013. Providers are encouraged to submit their self-attestations as soon as possible.

A list of physicians and their individual percentage of qualifying claims is available on the [Enhanced Payment](#) page of the Montana Medicaid Provider Information website, updated monthly. Providers who are unsure if they meet the 60% threshold can access the Montana Medicaid website to determine if their billing history for January 1, 2012 through December 31, 2012, qualifies them for enhanced reimbursement in 2013. Enrollment is for the entire year. A new list will be generated in 2014.

Audits will occur annually to certification and/or billing history. Payments made at the enhanced rate will be reduced to the standard fee schedule amount if it is determined that the provider does not meet the requirements of this program. Providers will maintain eligibility in the program for 2014 if the audit results validate the certification and/or billing threshold. See the [Enhanced Payment](#) page of the Montana Medicaid Provider Information website.

The **American Board of Medical Specialties (ABMS)** certifies the following specialties and subspecialties:

Specialty	Subspecialty	
Family Medicine	<ul style="list-style-type: none"> <li>• Adolescent Medicine</li> <li>• Geriatric Medicine</li> <li>• Hospice and Palliative Medicine</li> </ul>	<ul style="list-style-type: none"> <li>• Sleep Medicine</li> <li>• Sports Medicine</li> </ul>
Internal Medicine	<ul style="list-style-type: none"> <li>• Adolescent Medicine</li> <li>• Advanced Heart Failure</li> <li>• Transplant Cardiology</li> <li>• Cardiovascular Disease</li> <li>• Clinical Cardiac Electrophysiology</li> <li>• Critical Care Medicine</li> <li>• Endocrinology</li> <li>• Diabetes and Metabolism</li> <li>• Gastroenterology</li> <li>• Geriatric Medicine</li> <li>• Hematology</li> </ul>	<ul style="list-style-type: none"> <li>• Hospice and Palliative Medicine</li> <li>• Infectious Disease</li> <li>• Interventional Cardiology</li> <li>• Medical Oncology</li> <li>• Nephrology</li> <li>• Pulmonary Disease</li> <li>• Rheumatology</li> <li>• Sleep Medicine</li> <li>• Sports Medicine</li> <li>• Transplant Hepatology</li> </ul>

Specialty	Subspecialty
Pediatrics	<ul style="list-style-type: none"> <li>• Adolescent Medicine</li> <li>• Child Abuse Pediatrics</li> <li>• Developmental/Behavioral Pediatrics</li> <li>• Hospice and Palliative Medicine</li> <li>• Medical Toxicology</li> <li>• Neonatal/Perinatal Medicine</li> <li>• Neurodevelopmental Disabilities</li> <li>• Pediatric Cardiology</li> <li>• Pediatric Critical Care Medicine</li> <li>• Pediatric Emergency Medicine</li> <li>• Pediatric Endocrinology</li> <li>• Pediatric Gastroenterology</li> <li>• Pediatric Hematology/Oncology</li> <li>• Pediatric Infectious Diseases</li> <li>• Pediatric Nephrology</li> <li>• Pediatric Pulmonology</li> <li>• Pediatric Rheumatology</li> <li>• Pediatric Transplant Hepatology</li> <li>• Sleep Medicine</li> <li>• Sports Medicine</li> </ul>

The **American Osteopathic Association (AOA)** certifies the following specialties/subspecialties:

Specialty	Subspecialty
Family Physicians	<ul style="list-style-type: none"> <li>• No subspecialties</li> </ul>
Internal Medicine	<ul style="list-style-type: none"> <li>• Allergy/Immunology</li> <li>• Cardiology</li> <li>• Endocrinology</li> <li>• Gastroenterology</li> <li>• Hematology</li> <li>• Hematology/Oncology</li> <li>• Infectious Disease</li> <li>• Pulmonary Diseases</li> <li>• Nephrology</li> <li>• Oncology</li> <li>• Rheumatology</li> </ul>
Pediatrics	<ul style="list-style-type: none"> <li>• Adolescent/Young Adult Medicine</li> <li>• Neonatology</li> <li>• Pediatric Allergy/Immunology</li> <li>• Pediatric Endocrinology</li> <li>• Pediatric Pulmonology</li> </ul>

The **American Board of Physician Specialties (ABPS)** does not certify subspecialists. Therefore, eligible certifications are:

- American Board of Family Medicine Obstetrics
- Board of Certification in Family Practice
- Board of Certification in Internal Medicine

There is no board certification specific to Pediatrics.

## Contact Information

If you have questions about this provider notice, contact Bob Wallace at 406-444-5778. If you have questions regarding the form, contact Provider Enrollment at 1-800-624-3958 or 406-442-1837.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at [MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com).

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.