

## Who Qualifies for the CMS PCP Rate Increase?

**Physicians** who attest to the following:

- 1) That they are a physician with a specialty or subspecialty designation of one of the following:  
Family Medicine, General Internal Medicine, or Pediatric Medicine

**AND**

- 2) Attest to being one of the following:

Board Certified as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by one of the following board certifications: American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), and American Board of Physician Specialties (ABPS)

NOTE: A Board Certified Physician who has been identified by an MCO through the MCOs credentialing process as meeting the aforementioned requirements may be considered a Qualified Physician. If a physician receives a notification from their MCO that they are a Qualifying Physician the physician will not be required to submit an additional attestation to that MCO unless they are attesting on behalf of a mid-level practitioner. If a physician has a contract or bills more than one MCO, they must submit an attestation to other MCOs unless they receive the same notification from each MCO.

**OR**

At least 60% of the Physician's total Medicaid codes paid, (for all TennCare enrollees statewide), for the most recently completed calendar year or for newly eligible physicians the prior month, were E&M (99201 through 99499) and vaccine administration codes (90460, 90461, 90471, 90472, 90473, 90474, or their successors).

**Mid-Level / Non-Physician Practitioners** for whom the following occur:

- 1) The supervising physician is an eligible physician and submits an appropriately completed attestation on behalf of his/her self

**AND**

- 2) The supervising physician accepts professional responsibility for the services provided by the mid-level/non-physician practitioner and completes the information regarding a mid-level/non-physician practitioner.

## Primary Care Physician Enhanced Rates

In accordance with Section 1202 of the Affordable Care Act, qualified Medicaid primary care providers practicing in family medicine, general internal medicine, pediatric medicine and related subspecialties who meet specified requirements will be eligible to receive enhanced reimbursement rates. This is effective for dates of service on and after January 1, 2013 through December 31, 2014. The actual implementation date is still yet to be determined pending CMS approval of TennCare's State Plan Amendment and the collection and processing of provider qualification information.

TennCare MCOs have prepared and sent notices to their contracted providers that have been identified in one of the eligible specialties/subspecialties that may qualify for the PCP enhanced rate. If you have received one of these notices, **PLEASE READ IT CAREFULLY** and follow any instructions that are contained therein. **(If you also bill TennCare for Medicare/Medicaid crossover payments, your MCO will provide us with your qualifying information.)** If you have **NOT** received a notice from the TennCare MCO(s) you are contracted with by May 15, 2013 and think you are eligible, please contact each of the MCOs you are contracted with or visit their website to obtain their MCO specific Attestation Form and instructions.

<b>MCO</b>	<b>Website</b>	<b>Provider Services</b>
AmeriGroup	<a href="https://providers.amerigroup.com/pages/tennessee-pcprate.aspx">https://providers.amerigroup.com/pages/tennessee-pcprate.aspx</a>	(800) 454-3730
BlueCare	<a href="http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/Programs-Services-and-FAQs.html">http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/Programs-Services-and-FAQs.html</a>	(800) 468-9736
UnitedHealthcare Community Plan	<a href="http://www.uhccommunityplan.com/health-professionals/TN/provider-information">http://www.uhccommunityplan.com/health-professionals/TN/provider-information</a>	(800) 690-1606

**IF you do not bill or do not have a contract with an MCO** but you bill TennCare directly for Medicare cross over payments and think you qualify, please complete the TennCare Attestation Form for Crossover ONLY Providers at [www.tn.gov/tenncare/forms/TN1202Self-AttestationForm.pdf](http://www.tn.gov/tenncare/forms/TN1202Self-AttestationForm.pdf) in order to receive the enhanced rates. Go to [www.tn.gov/tenncare/forms/TN1202Self-AttestationFormExample.pdf](http://www.tn.gov/tenncare/forms/TN1202Self-AttestationFormExample.pdf) to see an example on how to fill out the Attestation Form.

### **Please note the following key points:**

If you are board certified in an applicable specialty, please complete all related fields on the Attestation Form identifying the specific board specialty, dates and signatures.

If you are attesting based on the 60% claims threshold, please note this requirement applies to your total eligible Medicaid services, statewide.

If you supervise and are professionally responsible for mid-level practitioners in your office, you must complete all requested information on the Attestation Form for each in order for him/her to be eligible for the enhanced payment.

In order to receive the enhanced rates retroactive to dates of service on and after January 1, 2013, we **must** receive your completed attestation form by July 15, 2013. For forms received after this date, payments will be adjusted retroactively only for dates of service on or after the date the form was received by an MCO or TennCare (if you are not contracted with an MCO). Please note that if incomplete forms are received, you will be notified; however, we cannot guarantee that you will be notified in time for you to return a completed form by the July 15, 2013 deadline.

For retroactive processing, you will **not** have to resubmit eligible claims. Once the implementation date is established, MCOs and TennCare will identify the eligible claims, based on the CPT codes noted in the regulations, and adjust payments to the greater of your contractual rates or the increased rate specified in regulation and the CMS approved TennCare State Plan Amendment.

**IF YOU HAVE A CONTRACT WITH A TENNCARE MCO, PLEASE FOLLOW THEIR INSTRUCTIONS CAREFULLY.**

**If you contract with more than one TennCare MCO, you must follow the instructions provided by each MCO and complete the Attestation Form provided by your MCO. However, if you contract with at least one TennCare MCO AND file Medicare Crossover claims with TennCare, you do NOT have to take any further action directly with the Bureau of TennCare as we will obtain your qualifying information from your MCO.**

To see the Medicare Primary Care Provider Enhanced Rates that apply to Qualified Providers for the specified procedure codes that will be effective January 1, 2013 through December 31, 2014 go to [www.tn.gov/tenncare/forms/TNPrimaryCarePaymentRates.pdf](http://www.tn.gov/tenncare/forms/TNPrimaryCarePaymentRates.pdf).

Continue to visit your MCO's website or [www.tn.gov/tenncare](http://www.tn.gov/tenncare) for updated information, as well as [www.medicaid.gov](http://www.medicaid.gov).

Thank you for your assistance in providing the best quality care for our members.

ATTESTATION FORM

**Section I: Instructions**

Complete the information in Section II, III, IV, and VI if you are ONLY attesting as a qualified/eligible Physician. If you are a qualified/eligible Physician and are attesting that you accept professional responsibility for a Mid-Level Non-Physician Practitioner, you MUST complete ALL Sections of this form (Section II, III, IV, V and VI). Incomplete forms will be returned to the mailing address for correction. Sign and return by fax or mail to:

**MCO  
ADDRESS  
ADDRESS  
FAX**

**Section II: Provider Information (All physicians must complete this section). All fields in Section III apply to the Rendering Provider as identified in field 24J of the CMS-1500 claim form.**

Physician Name		Telephone Number		Contact Name	
Street Address			City	State	Zip Code
Tennessee Medicaid Number	Provider NPI Number		Tax I.D. Number		

**Section III: Attestation (All physicians must complete this section)**

I attest that I am a physician with a specialty or subspecialty designation of (Check at least one):  
 Family Medicine     General Internal Medicine     Pediatric Medicine

**AND,**

I attest that, to the best of my knowledge and information, such designation is supported by (Check at least one)\*\*.

Certification as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by one of the following board certifications: American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), and American Board of Physician Specialties (ABPS),

**OR**

At least 60% of my total Medicaid codes paid, (for all TennCare enrollees statewide), for the most recently completed calendar year or for newly eligible physicians the prior month, were E&M (99201 through 99499) and vaccine administration codes (90460, 90461, 90471, 90472, 90473, 90474, or their successors).

I attest that I meet the above criteria from January 1, 2013, through December 31, 2014. I understand that the Managed Care Organizations (MCOs) will verify that I meet the criteria for payment at the Medicare rate by validating board certification or reviewing claims to ensure that the 60% threshold has been met. I agree to cooperate and provide a copy of the board certification upon request by the MCOs. Furthermore, I agree to notify the MCOs immediately if I no longer meet the requirements for self attestation as a provider qualified for this payment. I further understand that if it is later determined I did not qualify for payment under this provision, then Medicaid will recoup the difference between the Medicare rate and the Medicaid rate associated with dates of service that I was not qualified. The payment rate for the qualified codes shall be the greater of the Medicare rate or the provider's contracted rate with the MCO, if applicable, in effect on the date of service. For providers billing TennCare for Medicare/Medicaid crossover payments, the combined Medicaid and Medicare rate will equal the Medicare rate in effect on the date of service.

Completed attestation forms received by **July 15, 2013** will receive an effective date of January 1, 2013. Completed attestations received after **July 15, 2013** will receive an effective date no earlier than the date of receipt.

**Section IV: Attestation of Board Certification (Complete this section ONLY if you checked the box above indicating that you are board certified in one of the qualifying specialties/subspecialties)**

\_\_\_\_\_ (Please check) I attest that, to the best of my knowledge and information, the specialty or subspecialty designation identified in Section III is further supported by the certification as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by one of the boards listed in Section III.

List applicable board certification(s) and certifying board(s). This information will be used for verification purposes.

Certifying Board(s)	Specialty Board Certification(s)	Subspecialty Board Certification(s)

**Section V: Qualified Physician's Attestation Regarding Mid-level / Non-Physician Practitioners**

Increased payments are also available to mid-level / non-physician practitioners only if 1) the supervising physician is determined eligible, AND 2) the physician accepts professional responsibility for the services provided by the mid-level. I, \_\_\_\_\_, Printed Name of Supervising Physician attest that the following mid-level / non-physician practitioner(s), for whom I supervise, are eligible for the enhanced payments based on the prior statement:

1. Practitioner Name	Telephone Number	Contact Name	
Street Address	City	State	Zip Code
Tennessee Medicaid Number	Provider NPI Number	Tax I.D. Number	

2. Practitioner Name	Telephone Number	Contact Name	
Street Address	City	State	Zip Code
Tennessee Medicaid Number	Provider NPI Number	Tax I.D. Number	

3. Practitioner Name	Telephone Number	Contact Name	
Street Address	City	State	Zip Code
Tennessee Medicaid Number	Provider NPI Number	Tax I.D. Number	

Note: If more than 3, we must receive a separate completed form. We will not accept additional copies of the second page as attachments.

**Section VI: Signature Required (Physician)**

**Physician Signature	Printed Name	Date

\*\* Please note that the MCOs will annually be required to review a statistically valid sample of providers who received higher payment to verify that they either were appropriately Board certified or that 60 percent of their paid claims during that period were for the identified E&M (99201 through 99499) and vaccine administration codes (90460, 90461, 90471, 90472, 90473, 90474, or their successors). If this review does not support the self attestation, the increased payments will be subject to recoupment.

# EXAMPLE Instructions

## ATTESTATION FORM

### Section I: Instructions

Complete the information in Section II, III, IV, and VI if you are ONLY attesting as a qualified/eligible Physician. If you are a qualified/eligible Physician and are attesting that you accept professional responsibility for a Mid-Level Non-Physician Practitioner, you MUST complete ALL Sections of this form (Section II, III, IV, V and VI). Incomplete forms will be returned to the mailing address for correction. Sign and return by fax or mail to:

MCO  
ADDRESS  
ADDRESS  
FAX NUMBER

ALL Blocks in  
Section II MUST  
be Completed

### Section II: Provider Information (All physicians must complete this section). All fields in Section III apply to the Rendering Provider as identified in field 24J of the CMS-1500 claim form.

Physician Name		Telephone Number		Contact Name	
Street Address			City	State	Zip Code
Tennessee Medicaid Number	Provider NPI Number		Tax I.D. Number		

MUST Check at  
least One

### Section III: Attestation (All physicians must complete this section)

I attest that I am a physician with a specialty or subspecialty designation of (Check at least one):  
 Family Medicine     General Internal Medicine     Pediatric Medicine

#### AND,

I attest that, to the best of my knowledge and belief, such designation is supported by (Check at least one)\*\*.

Certification as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by one of the following board certification organizations: American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), and American Board of Physician Specialties (ABPS),

#### OR

At least 60% of my total Medicaid codes paid, (for all TennCare enrollees statewide), for the most recently completed calendar year or for newly eligible physicians the prior month, were E&M (99201 through 99499) and vaccine administration codes (90460, 90461, 90471, 90472, 90473, 90474, or their successors).

MUST Check One  
OR the Other

I attest that I meet the above criteria from January 1, 2013, through December 31, 2014. I understand that the Managed Care Organizations (MCOs) will verify that I meet the criteria for payment at the Medicare rate by validating board certification or reviewing claims to ensure that the 60% threshold has been met. I agree to cooperate and provide a copy of the board certification upon request by the MCOs. Furthermore, I agree to notify the MCOs immediately if I no longer meet the requirements for self attestation as a provider qualified for this payment. I further understand that if it is later determined I did not qualify for payment under this provision, then Medicaid will recoup the difference between the Medicare rate and the Medicaid rate associated with dates of service that I was not qualified. The payment rate for the qualified codes shall be the greater of the Medicare rate or the provider's contracted rate with the MCO, if applicable, in effect on the date of service. For providers billing TennCare for Medicare/Medicaid crossover payments, the combined Medicaid and Medicare rate will equal the Medicare rate in effect on the date of service.

Completed attestation forms received by **July 15, 2013** will receive an effective date of January 1, 2013. Completed attestations received after **July 15, 2013** will receive an effective date no earlier than the date of receipt.

**This MUST be Checked IF Attesting to Board Certification in Section III**

**MUST Be Completed IF Attesting to Board Certification in Section III**

**May or May Not be Completed**

**ATTESTATION**

**Section IV: Attesting to Board Certification (Complete this section ONLY if you checked the box above indicating you are board certified in one of the specialties/subspecialties)**

(Please check) I attest that, to the best of my knowledge and information, the specialty or subspecialty designation identified in Section III is further supported by the certification as a specialist or subspecialist with family medicine, general internal medicine, or pediatric medicine by one of the boards listed in Section III.

List applicable board certification(s) and certifying board(s). This information will be used for verification purposes.

Certifying Board(s)	Specialty Board Certification(s)	Subspecialty Board Certification(s)
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**IF Completing Section V, Printed Name of Supervising Physician MUST be Present**

**Section V: Qualified Physician's Attestation Regarding Mid-level / Non-Physician Practitioners**

Increased payments are also available to mid-level / non-physician practitioners who are 1) determined eligible, AND 2) the physician accepts responsibility for the services provided by I, \_\_\_\_\_, attest that the following mid-level / non-physician practitioner(s), \_\_\_\_\_, supervise, are eligible for the enhanced payments based on the prior statement:

Printed Name of Supervising Physician

1. Practitioner Name		Telephone Number	Contact Name	
Street Address		City	State	Zip Code
Tennessee Medicaid Number	Provider NPI Number			
2. Practitioner Name		Telephone Number	Contact Name	
Street Address		City	State	Zip Code
Tennessee Medicaid Number	Provider NPI Number		Tax I.D. Number	
3. Practitioner Name		Telephone Number	Contact Name	
Street Address		City	State	
Tennessee Medicaid Number	Provider NPI Number		Tax I.D. Number	

**For EACH Practitioner that is attested for, ALL Blocks must be Complete. May attest for 1, 2 or 3. If more than 3, a New Form MUST be COMPLETED and Submitted.**

**ALL 3 Blocks MUST be Complete**

Note: If more than 3, we must receive a separate completed form. We will not accept additional copies of the second page as attachments.

**Section VI: Signature Required (Physician)**

**Physician Signature	Printed Name	Date
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\*\* Please note that the MCOs will annually be required to review a statistically valid sample of providers who received higher payment to verify that they either were appropriately Board certified or that 60 percent of their paid claims during that period were for the identified E&M (99201 through 99499) and vaccine administration codes (90460, 90461, 90471, 90472, 90473, 90474, or their successors). If this review does not support the self attestation, the increased payments will be subject to recoupment.