

**ACA Physician Self-Attestation Form for Increased Reimbursement for Primary Care Services**indianamedicaid.com**Overview**

Section 1202 of the Affordable Care Act (ACA) requires a temporary increase in Medicaid payments for qualifying primary care services provided by qualifying physicians for dates of service in calendar years (CYs) 2013 and 2014. The federally funded, temporary rate increase is authorized only for these two calendar years, after which the rate structure will return to its existing level, pending no further federal action. Qualified services paid on a fee-for-service (FFS) basis, as well as those paid by managed care entities (MCEs) may be eligible for the temporary rate increase.

Additional information may be found in BT201247 and BT201255.

Qualifying providers

The ACA establishes increased payments to physicians with a specialty designation of family medicine, general internal medicine, and pediatric medicine, and subspecialties thereof. Current IHCP-enrolled physicians in family medicine, general internal medicine, or pediatric medicine, or a subspecialty thereof, may qualify in one of two ways:

- 1) The physician is board certified by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA) in family medicine, general internal medicine, or pediatric medicine or a subspecialty thereof; **or**
- 2) The physician has at least 60% of codes billed by the physician to Medicaid for the previous calendar year are qualifying E/M codes (IHCP covered codes in the range 99201 through 99499) and vaccine administration codes (90471 through 90474).

Physicians who enroll in the IHCP during CY 2013 or CY 2014 who self-attest as eligible within one of the specialties (family medicine, general internal medicine, and pediatric medicine) or recognized subspecialties but who are not board certified, may qualify if at least 60% of codes billed to Medicaid in the prior month are qualifying E/M and vaccine administration codes. Newly enrolled physicians during CY 2013 and CY 2014 cannot self attest until at least 1 month after enrolling as an Indiana Medicaid provider.

Attestation Period and Reattestment

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 self-attest as qualifying either by board certification or 60% of billed codes. Generally, the effective date for the increased payment cannot be earlier than the date the self-attestation is received. However, CMS is allowing states to permit self-attestations received by the state any time in January of 2013 to be retroactively effective to January 1, 2013. Therefore, self-attestations received from January 1, 2013 through January 31, 2013 will be made effective back to January 1, 2013. Self-attestations received after January 31, 2013 will be effective the date received.

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 and expiration date 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 reattestment will not be eligible for the rate increase.

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 the ACA physician rate increase is in effect, i.e., calendar year 2013 and 2014. Providers who enrolled as Indiana 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 Indiana 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 CY

2013 and CY 2014 cannot self attest until at least 1 month after enrolling as an Indiana 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.

Non-Qualifying Services

Increased payment is not available for services provided by a physician delivering services under any other benefit authorized by the Medicaid act. This includes services provided in Federally Qualified Health Centers (FQHCs) and rural health clinics (RHCs), because payment for these services is made on an encounter-rate basis and is not specific to the physician services. Additionally, professional services provided in a nursing facility and reimbursed as part of a per diem rate are not eligible for the increased payment.

Validation

As required by the ACA rule, at the end of CY 2013 and the end of CY 2014, the 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.

Legacy Provider Identifier (LPI)	
National Provider Identifier (NPI)	

<p><u>Board Certified</u> The physician has a specialty designation of family medicine, general internal medicine, or pediatric medicine, or a subspecialty thereof, AND is board certified by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA) in one of these specialties or subspecialties:</p>	<p>AND/ OR</p>	<p><u>60% of Billed Codes</u> The physician has a specialty designation of family medicine, general internal medicine, or pediatric medicine, or subspecialty thereof, AND at least 60% of Medicaid codes billed by the physician with dates of service during the previous calendar year are qualifying E/ M and vaccine administration codes:</p>
<p>The physician is IHCP enrolled in family medicine, general internal medicine, or pediatric medicine, or subspecialty thereof:</p> <p>Provider Type 31 – Physician Identify enrolled specialty type (number and name) -</p>		<p>The physician is IHCP enrolled in family medicine, general internal medicine, or pediatric medicine, or subspecialty thereof:</p> <p>Provider Type 31 – Physician Identify enrolled specialty type (number and name) -</p>
<p>The physician is board certified by (Choose One):</p> <p><input type="checkbox"/> The American Board of Medical Specialties (ABMS)</p> <p><input type="checkbox"/> The American Board of Physician Specialties (ABPS)</p>		<p>At least 60% of Medicaid billed codes billed are qualifying E/M and vaccine administration codes during the previous calendar year.</p> <p>Date Range (start of the previous calendar year or Medicaid</p>

<input type="checkbox"/> The American Osteopathic Association (AOA) * If the board certification is lost the provider will notify HP Provider Enrollement within 10 days		enrollment date - to - the end of the previous calendar year) to
The physician is board certified in (Choose One): <input type="checkbox"/> Family medicine Identify Subspecialty (if applicable): Effective Date to Expiration Date: to <input type="checkbox"/> General internal medicine Identify Subspecialty (if applicable): Effective Date to Expiration Date: to <input type="checkbox"/> Pediatric medicine Identify Subspecialty (if applicable): Effective Date to Expiration Date: to		* Newly enrolled providers during CY 2013 or CY 2014 may attest that 60% of the Medicaid codes billed in the last 30 days are qualifying E/M codes and vaccine administration codes. Newly enrolled providers may attest 30 days after enrolling as an Indiana Medicaid provider.
<input type="checkbox"/> A copy of the board certification is included.		

I affirm, under the penalties for perjury, that the foregoing and following information is true, accurate, and complete. I understand that payments submitted under this provider number will be from Federal funds, and that any falsification or concealment of material fact may be prosecuted under Federal and State laws. The Family and Social Services Administration (FSSA) may ask for additional information regarding any of the information submitted as part of this form and application. FSSA will pursue repayment in all instances of improper or duplicate payment. FSSA will recoup all paid increased payments if the physician is found to be ineligible for this program. By signing this form, the provider attests that he/she qualifies for the ACA physician rate increase and that the following is true:

- The physician has a specialty designation and is board certified by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA) in family medicine, general internal medicine, or pediatric medicine, or a subspecialty thereof,
 - If the board certification is lost the provider will notify HP Provider Enrollment within 10 days

and/ or

- The physician has a specialty designation of family medicine, general internal medicine, and pediatric medicine, or subspecialties thereof, and at least 60% of billed codes by the physician to Medicaid during the previous calendar year are qualifying E/M and vaccine administration codes.
 - New providers may attest that 60% of the Medicaid codes billed in the last 30 days are qualifying E/M codes and vaccine administration codes.

This attestation must be signed by an individual who has legal authority to obligate the provider.

Preparer Signature: _____

Preparer Name (printed): _____

Prepared on behalf of:

Attesting Provider Signature: _____

Attesting Provider Name (printed): _____

Medicaid Provider LPI: _____

Payee TIN: _____

Payee Medicaid LPI and Service Location: _____

Date Form Completed: _____ **Date Submitted:** _____