



MEDICAID PREFERRED PHYSICIANS AND CHILDREN PROGRAM

Beginning October 1, 1990, the New York State Department of Health invites interested physicians meeting certain eligibility and practice requirements to apply to participate in the Medicaid Preferred Physicians and Children Program, hereinafter referred to as PPAC.

REIMBURSEMENT

Physicians participating in PPAC receive increased Medicaid fees for visits provided to Medicaid recipients under 21 years of age. The fee structure for all visits incorporates a regional adjustment for upstate and downstate. The upstate reimbursement for office visits is \$33.63; the figure for downstate is \$39.64. The fees for visits in settings other than office are an enhanced, but fixed fee: \$30 upstate and \$36 downstate.

The counties considered downstate for this program are Bronx, Kings, Queens, New York, Richmond, Nassau, Putnam, Rockland, Suffolk, and Westchester.

BILLING

When billing for care to Medicaid recipients under 21 years of age, for well child care services furnished in an office setting use the CPT-4 Preventive Medicine Services codes 99381-99385 and 99391-99395. For Newborn care services use 99431, 99433 or 99435.

For all other services provided in a practitioner's office or other ambulatory setting, use the Evaluation and Management procedure codes 99201-99205, and 99211-99215. Report the place of service code that represents the location where the services was rendered in claim field 24B, Place of Service. The maximum reimbursable amount for these codes is dependent on the Place of Service reported. The PPAC Section of the Physician Manual defines these codes.

The ancillary services and procedures performed during any visit must be claimed through the use of customary Medicaid procedure codes; these claims will be reimbursed at customary Medicaid fee levels.

ELIGIBILITY AND PRACTICE REQUIREMENTS

The PPAC eligibility and practice requirements for the primary care physician and non-primary care specialist physician appear on pages 3 and 4 of this letter.

APPLICATION

Physicians may apply to participate in PPAC by completing the State Department of Health form: Application for Enrollment as a Medical Specialist, AND Addendum. These two forms **must** be completed by every physician applying to participate in PPAC, the physician already enrolled as a Medicaid provider, the physician applying to enroll as a Medicaid provider and a PPAC participant, and the physician whose enrollment in Medicaid has lapsed and he/she wishes to enroll in Medicaid and participate in PPAC. If the forms necessary to enroll in Medicaid and/or apply to participate in PPAC are not included with this letter, they may be obtained by written request to eMedNY, P.O. Box 4610, Rensselaer, NY 12144 or downloaded from the Internet at www.emedny.org.

NOTIFICATION

A letter of decision regarding the physician's application will be sent by this Department to the applicant's correspondence address as listed on the MMIS Provider File. If application for Medicaid enrollment and PPAC participation are made at the same time, the letter of decision regarding the Medicaid enrollment will be sent first, followed at a later date by the letter of decision regarding PPAC participation.

QUESTIONS

Please allow 90 days before you call to request your application status. To inquire about matters of specialty, hospital admitting privilege, required documentation, and the status of your submittal to the New York State Department of Health; please call 1-800-343-9000.

PHYSICIAN ELIGIBILITY AND PRACTICE REQUIREMENTS

I. The qualified primary care physician will:

- **Have an active hospital admitting privilege at an accredited hospital;**

This requirement may be waived for the physician who qualifies for hospital admitting privilege but does not have one due to such reason as the unavailability of admitting privilege at area hospitals, or specialty not accepted for admitting privilege at area hospitals, or nearest hospital too distant from office to be practical.

Such physician will submit at time of application (a) a description of the circumstance that merits consideration of waiver of this requirement, and (b) **EITHER** a copy of a letter of active hospital appointment other than admitting **OR** evidence of an agreement between the applicant and a primary care physician who is licensed to practice in New York, has an active hospital admitting privilege and will monitor and provide continuity of care to the applicant's patients who are hospitalized; and (c) a *curriculum vitae*, proof of medical malpractice insurance, and two letters of reference, each from a physician who can attest to the applicant's qualifications as a practicing physician.

- **Be board certified (or board admissible for no more than five years from completion of a postgraduate training program) in family practice, internal medicine, obstetrics and gynecology, or pediatrics;**
- **Provide 24-hour coverage for consultation;**

This will be accomplished by having an after-hours phone number with an on-call physician, nurse practitioner or physician's assistant to respond to patients. This requirement *cannot* be met by a recording referring patients to emergency rooms.

- **Provide medical care coordination;**

Medical care coordination will include at a minimum the scheduling of elective hospital admissions, assistance with emergency admissions, management of and/or participation in hospital care and discharge planning, scheduling of referral appointments with written referral as necessary and with request for follow-up report, and scheduling for necessary ancillary services.

- **Provide periodic health care assessment examination (well care) in accordance with the standards of the Medicaid Child/Teen Health Program;**
- **Be a provider in good standing if enrolled in the Medicaid Program at time of application to PPAC;**

- **Sign an agreement with the Medicaid Program. Such an agreement to be subject to cancellation with a 30-day notice by either party.**

II. The qualified non-primary care specialist physician will:

- **Have an active hospital admitting privilege at an accredited hospital;**

This requirement may be waived for the physician who qualifies for hospital admitting privilege but does not have one due to such reasons, as the practice of his/her specialty does not support need for admitting privilege.

Such physicians will submit at the time of application (a) a description of the circumstance that merits consideration of the waiver of this requirement; and, for the non-primary care specialist who provides specialist care to inpatients but has cause to request waiver of the requirement for active hospital admitting privilege, also (b) **EITHER** a copy of a letter of active hospital appointment other than admitting **OR** evidence of an agreement between the applicant and a primary care physician who is licensed to practice in New York, has an active hospital admitting privilege and will monitor and provide continuity of care to the applicant's patients who are hospitalized; and (c) a *curriculum vitae*; proof of medical malpractice insurance; and two letters of reference, each from a physician who can attest to the applicant's qualifications as a practicing physician.

- **Be board certified (or board admissible for no more than five years from completion of a postgraduate training program) in a specialty recognized by the State Health Department;**
- **Provide consultation summary or appropriate periodic progress notes to the primary care physician on a timely basis following a referral or routinely scheduled consultant visit;**
- **Notify the primary care physician when scheduling hospital admission;**
- **Be a provider in good standing if enrolled in the Medicaid Program at time of application to PPAC;**
- **Sign an agreement with the Medicaid Program, such agreement to be subject to cancellation with a 30-day notice by either party.**