

Medicaid Primary Care Rate Increase (PCRI)

Qualification, Attestation & Payment

Office of Health Insurance Programs

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TOPICS

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Why a Primary Care Rate Increase?



“Primary care for any population is critical to ensuring continuity of care, as well as to providing necessary preventive care, which improves overall health and can reduce health care costs. The availability of primary care is particularly important for Medicaid beneficiaries, to establish a regular source of care and to provide services to a group that is more prone to chronic health conditions that can be appropriately managed by primary care physicians. Primary care physicians provide services that are considered to be a core part of a state's Medicaid benefit package. Additionally, these physicians can perform the vital function of coordinating care, including specialty care.” (CMS Final Rule, 11/6/2012)

Background

- The Affordable Care Act established a Medicaid Primary Care Rate Increase (PCRI) for specific primary care services furnished by certain qualified primary care providers.
- The increase will result in payment of primary care services at the Medicare rate to qualified Medicaid providers from January 1, 2013 through December 31, 2014.
- The final rule implementing the Medicaid PCRI was released in November 2012 by CMS (see 42 CFR Parts 438, 441, and 447).

[See link to Final Rule on last slide.](#)

What are the Primary Care services eligible for the increase?



PCRI Primary Care Services

The PCRI is applicable to procedure codes:

- **Evaluation and Management (99201-99499)**
- **Vaccine Administration (90460, 90471, 90472, 90473 & 90474)**
 - *that are covered by Medicaid fee for service or managed care plans and paid to **qualified physicians**.*

Who qualifies?



Qualification

Only physicians practicing in the designated primary care specialties of Family Medicine, General Internal Medicine or Pediatric Medicine providing services to Medicaid managed care and fee for service beneficiaries qualify for the PCRI.

This is determined by the practice characteristics of the physician. For example, how the physician represents himself or herself in the community as a family, internal medicine or pediatric practitioner, as evidenced by medical directory listings, billings to other insurers, advertisements, etc.

I qualify, so how do I verify that I am practicing as a primary care physician?



Verifying PCRI Qualification

Two tracks or options for qualified physicians to verify:

Board Certified in a designated speciality or subspecialty

or

60% paid Medicaid claims history for the designated primary care procedure codes

Board Certification Track

Verify eligibility by attesting to current board certification from **one** of the following:

American Board of Medical Specialties (ABMS)

American Board of Physician Specialties (ABPS)

American Osteopathic Association (AOA)

in:

Pediatrics

Internal Medicine

Family Medicine

and associated subspecialties

60% Paid Claims Track

Verify eligibility by attesting that:

The majority of the services provided to Medicaid beneficiaries are primary care. This is defined as **60% of Medicaid codes paid for the designated primary care procedure codes for the most recent calendar year.**

Eligibility for Advanced Practice Clinicians (Nurse Practitioners and Nurse Midwives)

- Supervising physician must qualify and attest to their eligibility and name the supervised APCs.
- Physician must accept professional responsibility and legal liability for the APC, providing personal supervision for the primary care services provided by the APC.
- The APC submits claims with their NPI.

**I have verified my qualifications
for the PCRI, what next?**



Attesting to PCRI Qualification

The final rule requires that a physician is eligible for the PCRI only if he/she first self-attests to practicing in primary care, supported by either board certification or an appropriate claims history.

States cannot pay a qualified provider without evidence of a self-attestation.

Attesting (continued)

- The attestation form and instructions are available online.
- Physician completes form once and the attestation applies to both managed care and fee for service.
- Providers with a fee for service Medicaid enrollment record will receive a letter informing them that they have received specialty code "031"
- The list of all qualified managed care and fee for service PCRI providers will be posted online and updated weekly.

Attestation Form

Qualified physician enters his/her name in Section A.

Choose B or C. If you possess both qualifications, choose B.

If the qualified physician is responsible for a nurse practitioner(s) and/or a nurse midwife(s), the physician and the nurse practitioner(s)/nurse midwife(s) complete Section D.

The qualified physician signs and provides his/her NPI and mailing address.

Mail the completed Attestation to the address at the top of the form.

Step 1

Step 2

Step 3

Step 4

Step 5

NEW YORK STATE MEDICAID FEE FOR SERVICE AND MANAGED CARE PRIMARY CARE RATE INCREASE (PCRI) (REVIEW INFORMATION AND INSTRUCTIONS ON PAGE 2)		MAIL ATTESTATION TO: COMPUTER SCIENCES CORP. PO BOX 4610 RENSSELAER, NY 12144-4610
ATTESTATION		
A. I, _____ (print or type name) am a physician practicing in Family Medicine, General Internal Medicine or Pediatric Medicine.		
Complete B or C		
B. I am a Board Certified Specialist or Subspecialist in Family Medicine, General Internal Medicine or Pediatric Medicine. My Board Certification is recognized by (check one): <input type="checkbox"/> American Board of Medical Specialties (ABMS) <input type="checkbox"/> American Board of Physician Specialties (ABPS) <input type="checkbox"/> American Osteopathic Association (AOA)		
C. <input type="checkbox"/> I am a physician and I have provided evaluation and management services (99201 through 99499) and vaccine administration services (90460, 90471, 90472, 90473, 90474 or their successor codes) which equal at least 60 percent of the Medicaid codes paid to me during the most recent calendar year, or if as a newly enrolled provider, the prior month.		
If applicable, complete D		
D. <input type="checkbox"/> I am a physician who personally supervises, is legally liable and assumes professional responsibility for the following Nurse Practitioners and Nurse Midwives who submit claims to Medicaid and/or Medicaid Managed Care Plan(s) with their NPI.		
1. _____ NP / NM Name (typed or printed)	_____ Signature of NP / NM / Date	_____ NPI of NP / NM
2. _____ NP / NM Name (typed or printed)	_____ Signature of NP / NM / Date	_____ NPI of NP / NM
3. _____ NP / NM Name (typed or printed)	_____ Signature of NP / NM / Date	_____ NPI of NP / NM
4. _____ NP / NM Name (typed or printed)	_____ Signature of NP / NM / Date	_____ NPI of NP / NM
WHOMEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION ON THIS STATEMENT MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR SECRETARY, AS APPROPRIATE.		
My signature below attests to the New York State Medicaid Program, including its Managed Care plans that I and those I personally supervise qualify for the Medicaid Primary Care Rate Increase.		
_____ Physician Signature / Date		_____ Physician NPI
_____ Mailing Address (for use if there are questions on your Attestation)		
eMedNY 480302 (6/1/2013)		

When attesting, remember...

*The PCRI is **not** available for :*

- APCs who practice independently of a supervising physician.
- Practitioners who are reimbursed on the basis of an all-inclusive rate, such as working in a FQHC or free standing clinic.
- Board certified specialists or subspecialists who are not practicing in one of the three eligible PCRI specialties.
- Primary care services for beneficiaries enrolled in Child Health Plus, the separate (stand alone) CHIP program in New York.

**Attestation complete...next step is
PAYMENT**



How will I get paid?

Fee for service (FFS) providers

- Awaiting State Plan Amendment (SPA) approval from CMS for implementation
- After SPA approval, eMedNY will process retro claim adjusted payments to FFS providers back to 1/1/13
- The increase will be paid on each applicable claim line

Managed Care providers

- Awaiting approval from CMS on plan contract changes and payment methodology
- When approved, payments will be retroactive to January 1, 2013
- MCO's will then be required to notify each provider of the specific methodology used and expected timing of payments.

Additional Managed Care Payment Information

The State is currently seeking approval for the following payment methodology to reimburse Managed Care Organizations(MCOs) for the PCRI:

➤ Risk Model 3:

- States would continue to pay prospective capitation rates without enhanced primary care payments
- At agreed upon intervals (e.g., quarterly) MCOs would summarize actual data, in a reconciliation report format, to calculate the total payment that eligible providers would need to be paid for eligible services in order to reach the mandated Medicare payment rates.
- The State would review this reconciliation and if found reasonable, the State would pay the MCO the calculated additional “lump sum” payment amount.

Additional Managed Care Payment Information(cont'd)

- MCOs will be required to make **all** enhancement payments(specific to the reconciliation period) to providers once “lump sum” funds are received.
- MCOs may, but are not required to make enhancement payments to providers prior to receiving “lump sum” funds from the State.
- Payments must be made at least quarterly as “lump sum” funds are received from the State.
- MCO's will be required to notify each provider of the specific methodology used to calculate the enhancement and expected timing of payments. MCO's may amend their provider contracts to reflect the enhanced payment arrangement or develop a separate process to inform providers of the enhanced reimbursement and the associated payment arrangements.
- Since MCO's are ultimately responsible for validating the PCRI was passed on to qualified providers, plans will be able request confirmation from provider groups and/or provider facilities to ensure that the PCRI was passed down

Managed Care Outstanding Items

- Reconciliation schedule development
- Timing:
 - Determine appropriate timing for plans to complete reconciliation schedule once quarter is complete
 - Determine timing for the State to review and approve MCO reconciliation schedules
 - Determine timing for State to make “lump sum” payments to MCOs once the reconciliation has been approved
 - Determine timing for MCO to make payments to providers after receiving payment from the State

IMPORTANT LINKS

- Final Rule: <https://www.federalregister.gov/articles/2012/11/06/2012-26507/rin-0938-aq63>
- CMS PCRI FAQs: <http://medicaid.gov/State-Resource-Center/FAQ-Medicaid-and-CHIP-Affordable-Care-Act-ACA-Implementation/FAQ-Medicaid-and-CHIP-Affordable-Care-Act-ACA-Implementation.html>
- NYS Medicaid PCRI FAQs and Attestation Form:
<https://www.emedny.org/info/ProviderEnrollment/physician/Option1.aspx>
- Update on Vaccine Administration:
https://www.emedny.org/ProviderManuals/communications/H-052-10881_att1_Change_In_Billing_for_Vaccine_Administration_12-20.pdf
- NYS PCRI provider list: http://www.health.ny.gov/health_care/medicaid/fees/
- To keep up to date, sign up for the:
 - eMedNY Physician Listserv:
https://www.emedny.org/Listserv/eMedNY_Email_Alert_System.aspx
 - NYS PCRI Listserv: PCRI-L@listserv.health.state.ny.us