

PCP rate increase and additional provisions update

On July 1, 2015, the Department of Community Health (DCH) implemented a series of rate increases for physicians with a primary specialty designation of family medicine, pediatric medicine or internal medicine. In order to receive the enhanced payment, eligible providers were required to complete the attestation process with DCH.

At this time, attestation is **closed**, except for providers who qualify per the provisions of House Bill 751.

Newly attested providers: House Bill 751 allows providers who are newly licensed as of January 1, 2015, to attest. Providers also must meet **one** of the following requirements listed below to qualify:

- Board-certified with a specialty or subspecialty designation in family medicine, general internal medicine or pediatrics that is recognized by the American Board of Medical Specialties, the American Board of Physician Specialties or the American Osteopathic Association
 - Must actively practice in this specialty
- Nonboard-certified provider who practices in the field of family medicine, general internal medicine, pediatrics or a subspecialty under one of these specialties — and must attest that 60 percent of his/her paid Medicaid procedures billed are or will be for certain specified procedure codes for evaluation and management services and certain Vaccines for Children administration codes
 - Physician extenders (physician assistants, nurse practitioners and nurse midwives) also are eligible for the increased payment for designated services if they practice under supervision of an eligible physician with professional responsibility for provision of care.

Please note that Amerigroup Community Care will load newly attested providers with their attestation effective date. Claims incurred will be reprocessed back to the attestation effective date or July 1, 2017, whichever is later.

New provisions effective March 1, 2018, for providers who previously attested but failed to attest at all locations, moved to a new practice or closed a practice: These provisions are retroactive to July 1, 2017, and are under new provisions. Providers who fall within the categories listed below are eligible to receive the enhanced rate increase, including:

- Providers who attested in 2013 or 2014 under the *Affordable Care Act* **or** who attested per the provisions of House Bill 751, which became effective on July 1, 2016, but failed to attest at **all** locations:
 - Eligible to receive the enhanced rates at the additional enrolled locations
- Providers who attested in 2013 or 2014 under the *Affordable Care Act* **or** who attested per the provisions of House Bill 751 who have closed an attested location and opened a new location or joined a new practice
 - Eligible to receive the enhanced rates at the additional enrolled locations
- Providers who attested in 2013 or 2014 under the *Affordable Care Act* **or** who attested per the provisions of House Bill 751 who have opened a new office location with no other office closures
 - Eligible to receive the enhanced rates at the new office location

Providers who fall within one or more of the three categories listed above will receive the enhanced rate. In **some instances**, the enhanced rate will be retroactive to July 1, 2017.

Providers who have already attested are **not** required to take any action to begin receiving the enhanced rate under House Bill 44. Amerigroup will automatically apply the enhanced rates to the additional, missed and new locations described in the paragraphs above.

For those instances wherein the enhanced rate is retroactive to July 1, 2017, Amerigroup will also perform a mass reprocessing of eligible claims in April 2018.

Thank you for your continued participation. If you have additional questions, please contact Provider Solutions at 1-800-454-3730.