July 2013

Dear New Jersey Managed Care Physician:

This correspondence is sent to your attention from the Division Medical Assistance and Health Services (DMAHS) on behalf of New Jersey Medicaid Managed Care Organizations (MCO): Amerigroup NJ, HealthFirst NJ, Horizon NJ Health and United Healthcare Community Plan. Please be advised that Section 1202 of the Affordable Care Act (ACA) extends enhanced Medicaid reimbursement for Evaluation and Management (E&M) procedure codes (99201 – 99499) and certain vaccine administration codes (90460, 90461, 90471, 90472, 90473, 90474 or their successors) to physicians practicing within the scope of medicine and osteopathy with a specialty designation in family practice, general internal medicine, pediatric medicine or related sub-specialties, as defined by the ACA (eligible sub-specialties outlined on page 3). Please be aware that some procedure codes outlined in ACA 1202 are not included in NJ's State Plan. ACA 1202 does not permit states to enhance rates for inactive codes/services. Therefore, the procedure codes listed below are not eligible for enhanced rates through New Jersey Medicaid’s managed care reimbursement:

90461; 99218; 99219; 99220; 99224; 99225; 99226; 99288; 99339; 99340; 99358; 99359; 99360; 99363; 99364; 99366; 99367; 99368; 99374; 99375; 99377; 99378; 99380; 99401; 99402; 99403; 99404; 99411; 99412; 99420; 99429; 99441; 99442; 99443; 99444; 99450; 99455; 99456; 99485; 99486; 99487; 99488; and 99489.

NJ-MCOs will reimburse eligible codes at Medicare rates to eligible/participating physicians from January 1, 2013 through December 31, 2014 (Physician services billed by Federally Qualified Health Centers are not eligible for enhanced reimbursement through this program).

Section 1202 of the ACA outlines managed care physician eligibility requirements that must be established before enhanced rates can be reimbursed. The MCOs have reviewed their respective physician files to determine program eligibility. Physicians who have documented evidence of a Primary Care practicing specialty/related sub-specialty and current board certification are eligible to receive enhanced reimbursements through this program and are not required to sign a Self-Attestation form.

MCO network physicians who do not meet those requirements must complete a Self-Attestation form before seeking enhanced reimbursements for eligible codes. Since many NJ physicians belong to multiple managed care networks, DMAHS will facilitate the initial attestation process for the MCOs. The attached form outlines Section 1202’s physician attestation factors in Sections I, II and III. The physician must ATTEST to:
• Practicing within a specialty designation of family medicine, general internal medicine, or pediatric medicine; or related sub-specialty within the designations recognized by the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA) or the American Board of Physician Specialties (ABPS). Under section 1202 of the ACA, “general internal medicine” encompasses internal medicine and all subspecialties recognized by the ABMS, ABPS and AOA. Then,
• a billed Medicaid codes history for calendar year 2012 (may be a combination of Managed care and fee-for-service) that is at least, 60 percent of the codes eligible through Section 1202 of the regulation; prior month for new physicians (new to Medicaid or newly licensed).

Section 1202 of the ACA also permits advanced practice (AP) clinicians, practicing within an eligible specialty/related sub-specialty, to seek enhanced rates of reimbursement, provided the eligible physician is professionally responsible for clinical services provided by AP clinicians under their supervision. On page 3, Section IV of the attached Physician Self-Attestation form, the physician must identify all AP clinicians that are under her/his supervision, sign and return the document before the AP clinician can bill for enhanced reimbursement. Please use a separate form to identify all AP clinicians that practice under your direct supervision by practice location, if applicable.

DMAHS will process physician self-attestation forms returned by July 31, 2013. If you are in receipt of multiple letters, please return one (1), signed self-attestation form, which identifies all NPI numbers. Network physicians, identified by a NJ-MCO, that return complete documents, by this date, will receive retroactive reimbursements for ACA eligible-codes billed back to January 1, 2013. Incomplete documents will not be processed. Retroactive reimbursements will also apply to APs identified by July 31, 2013. Upon completion of the attached form(s), please return the document(s) to the address provided on the form.

After July 31, 2013, physicians will be eligible to enroll in the program by submitting attestation statements and AP clinician information to the MCOs. The effective date of attestation will be based on the 1st day of the month the physician’s form is signed and returned to the MCO. Enhanced payments will be made for dates of service on or after the beginning of the month of self-attestation.

If you are interested in enrolling as a NJ Medicaid Fee-for-service provider, please contact MOLINA Medicaid Solutions, DMAHS fiscal agent, at (800) 776-6334 and someone in Providers Services will assist you with enrollment.

DMAHS will be increasing Medicaid rates as quickly as possible. The State did not receive final federal regulations on the rate increase until November 1, 2012. This was too late to allow the State to meet the January 1, 2013 implementation date authorized in the ACA. The State has worked with the U.S Centers for Medicare and Medicaid Services to obtain federal approval for the plan to increase and reimburse rates to physicians participating in the managed care program. Once the attestation process is complete, retroactive payments will be processed for eligible codes billed by program-eligible physicians/AP clinicians.

If there are questions about this letter, please feel free to contact Provider Services in DMAHS’ Office of Managed Care at MAHS.MCProviderInquiries@dhs.state.nj.us or 609-588-3826. Thank you.

Sincerely,

Valerie J. Harr
Director

Enclosure
Eligible Primary Care related SUB-SPECIALTY LISTING

ABMS

**Family Medicine** – Adolescent Medicine; Geriatric Medicine; Hospice and Palliative Medicine; Sleep Medicine; Sports Medicine

**Internal Medicine** – Adolescent Medicine; Advanced Heart Failure and Transplant Cardiology; Cardiovascular Disease; Clinical Cardiac Electrophysiology; Critical Care Medicine; Endocrinology, Diabetes and Metabolism; Gastroenterology; Geriatric Medicine; Hematology; Hospice and Palliative Medicine; Infectious Disease; Interventional Cardiology; Medical Oncology; Nephrology; Pulmonary Disease; Rheumatology; Sleep Medicine; Sports Medicine: Transplant Hepatology.

**Pediatrics** – Adolescent Medicine; Child Abuse Pediatrics; Developmental-Behavioral Pediatrics; Hospice and Palliative Medicine; Medical Toxicology; Neonatal-Perinatal Medicine; Neurodevelopmental Disabilities, Pediatric Cardiology; Pediatric Critical Care Medicine; Pediatric Emergency Medicine; Pediatric Endocrinology; Pediatric Gastroenterology; Pediatric Hematology-Oncology; Pediatric Infectious Diseases; Pediatric Nephrology; Pediatric Pulmonology; Pediatric Rheumatology; Pediatric Transplant Hepatology; Sleep Medicine; Sports Medicine.

AOA

**Family Physicians** – No subspecialties

**Internal Medicine** – Allergy/Immunology; Cardiology; Endocrinology; Gastroenterology; Hematology; Hematology/Oncology; Infectious Disease; Pulmonary Diseases; Nephrology; Oncology; Rheumatology.

**Pediatrics** – Adolescent and Young Adult Medicine, Neonatology, Pediatric Allergy/Immunology, Pediatric Endocrinology, Pediatric Pulmonology.

ABPS

The ABPS does not certify subspecialists. Therefore, eligible certifications are:

American Board of Family Medicine Obstetrics; Board of Certification in Family Practice; and Board of Certification in Internal Medicine. There is no Board certification specific to Pediatrics.
Self- Attestation Form for Primary Care Physicians

Medicaid Program; Payment for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration under the Vaccines for Children Program - ACA 1202

BACKGROUND: Effective for dates of service January 1, 2013 – December 31, 2014, Section 1202 of the Affordable Care Act extends enhanced Medicaid reimbursement for Evaluation and Management (E&M) procedure codes (99201 – 99499) and certain vaccine administration codes (90460, 90461, 90471, 90472, 90473, 90474 or their successors) to physicians practicing within the scope of medicine and osteopathy with a specialty designation in family practice, general internal medicine, pediatric medicine or related sub-specialties, as defined by the rule.

Please complete a separate form for each business/practice address.

Please PRINT

SECTION I – Physician Information

Physician Name __________________________________________________________________________

Business Address ____________________________________ E-mail _____________________________

City/State/Zip ________________________________ County ________________________________

Phone __________________________ Fax ______________________________

Active NPI number(s) ________________________________________________________________

__________________________________________________________

NJ Medicaid number ______________________ (if applicable)

Taxonomy code _________________ NJ License number _________________________________

Tax ID # __________________________ Social Security # (last 4 digits) XXX-__________________

Name/Address of Billing Entity: __________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

I belong to the Medicaid-managed care network(s) below (please check all that apply). I will seek enhanced Medicaid rates of reimbursement available through this program.

_______ Amerigroup NJ    ______ HealthFirstNJ

_______ Horizon NJ Health  ____ United Healthcare Community Plan
Self-Attestation Form for Primary Care Physicians

This document will be used as a qualifier for physicians belonging to a NJ Medicaid Managed Care Network. To qualify, the physician must first self-attest that he/she is practices within a specialty designation of family medicine, general internal medicine, pediatric medicine or related sub-specialty (SECTION II). Then, the physician must self-attest that he/she is Board certified in an eligible specialty/sub-specialty; or 60% of his/her Medicaid codes for the prior year (for new physicians, the prior month), were for the eligible codes outlined in the ACA’s Section 1202 (SECTION III). Please complete both sections below.

Annually, a claims review shall be conducted to verify that physicians/advanced practice clinicians receiving higher payments meet the requirements for such payments. A false statement and/or certification on this document may result in recoupment of identified overpayments and prosecution for filing a false Medicaid claim.

SECTION II – Specialty Designation

I attest that (initial all that apply):

_______ I am currently engaged in the practice of medicine with a primary specialty designation of
               Family Medicine General Internal Medicine Pediatric Medicine
               (Please circle all that apply)

_______ I am currently engaged in the practice of medicine with the related sub-specialty
               __________________________________________, as defined by Section 1202 of the ACA,

               recognized by:  ABMS  AOA  ABPS (please circle)

SECTION III – Physician Self-Attestation

_______ I attest (by signature) that in calendar year 2012, sixty percent (60%) or more of my Medicaid billed codes were for the E & M codes (99201 – 99499) and vaccine administration codes (90460, 90461, 90471, 90472, 90473, 90474 or their successors identified in Section1202 of the ACA.

_______ I attest (by signature) that I am a new physician and last month, sixty percent (60%) or more of my Medicaid billed codes were for the E & M codes (99201 – 99499) and vaccine administration codes (90460, 90461, 90471, 90472, 90473, 90474 or their successors identified in Section1202 of the ACA.

____________________________________________________

Physician Signature __________________________Date

____________________________________________________________________________

Print Name

PLEASE RETURN ALL FORMS BY JULY 31, 2013 TO:

DIVISION OF MEDICAL ASSISTANCE & HEALTH SERVICES

Office of Managed Health Care – Managed Provider Relations Unit
PO Box 712
Trenton, NJ 08625-0712
SECTION IV – Advance Practice Clinician (APC) Information: Advanced Practice Clinicians (APC) practicing in an eligible specialty/related sub-specialty while under the personal supervision of an eligible physician may be eligible for higher rates of reimbursement. Before seeking higher rates of reimbursement, the supervising physician must identify each APC in Section IV. Please provide the requested information for each APC providing eligible services at the business address identified on Physician Self-Attestation form while under your supervision. Section IV provides space for two (2) APCs, if additional space is required, please copy this page, complete, sign and submit.

Annually, a claims review shall be conducted to verify that physicians/advanced practice clinicians receiving higher payments meet the requirements for such payments. A false statement and/or certification on this document may result in recoupment of identified overpayments and prosecution for filing a false Medicaid claim.

1. Non-Physician Provider Name _____________________________________________________________

Provider type_____________________________________________ E-mail _______________________________

NPI number __________________________ NJ Medicaid Number _________________________________ (if applicable)

Taxonomy Code __________________________ NJ License Number _______________________________

Medicaid –managed care provider – please check all that apply:

______ Amerigroup   _______ HealthFirstNJ _____ Horizon NJ Health ______United Healthcare Community Plan

2. Non-Physician Provider Name _____________________________________________________________

Provider type_____________________________________________ E-mail _______________________________

NPI number __________________________ NJ Medicaid Number _________________________________

Taxonomy Code __________________________ NJ License Number _______________________________

Medicaid –managed care provider – please check all that apply:

______ Amerigroup   _______ HealthFirstNJ _____ Horizon NJ Health ______United Healthcare Community Plan

The above-named Advanced Practice Clinician(s) provide services that are eligible for enhanced reimbursement while working under my personal supervision at the location identified below.

____________________________________________________  Physician Signature ___________________________ Date

____________________________________________________  Print Name

____________________________________________________  Physician NPI Number(s) ______________________________

____________________________________________________  Office Address

____________________________________________________  City/Zip Code

PLEASE RETURN ALL FORMS BY JULY 31, 2013 TO:  DIVISION OF MEDICAL ASSISTANCE & HEALTH SERVICES
Office of Managed Health Care – Managed Provider Relations Unit
PO Box 712
Trenton, NJ 08625-0712