



NEW HAMPSHIRE MEDICAID
CERTIFICATION AND ATTESTATION FOR PRIMARY CARE RATE INCREASE

365I
4/17/13

INDIVIDUAL ATTESTATION FORM

SECTION I: Eligible/Supervising Physician Information	
Name of Eligible/Supervising Physician (Please Print):	Physician's NPI#:
Check specialty(s) that apply to the Eligible Physician: <input type="checkbox"/> Family Medicine <input type="checkbox"/> General Internal Medicine <input type="checkbox"/> Pediatric Medicine	
List any subspecialties:	
Board Certified By (if applicable): <input type="checkbox"/> ABMS <input type="checkbox"/> ABPS <input type="checkbox"/> AOA	
Board Certification Effective Dates: Begin Date: End Date:	
Indicate the Medicaid health plan(s) you provide services for, your Provider ID, and your enrollment date for each plan:	
<input type="checkbox"/> NH Healthy Families Health Plan	ID# _____ Enrollment Date _____
<input type="checkbox"/> WellSense Health Plan	ID# _____ Enrollment Date _____
<input type="checkbox"/> Meridian Health Plan of NH	ID# _____ Enrollment Date _____
<input type="checkbox"/> Fee-For-Service (FFS)	ID# _____ Enrollment Date _____
SECTION II: Advanced Practice Clinicians (APCs) Information	
Complete this section if the applicant is an APC working under the personal supervision of the eligible physician and the eligible physician accepts professional responsibility for the services provided by the APCs	
Name of APC Applicant (Please Print):	APC's NPI #:
SECTION III: Attestation	
I attest that I am eligible to receive the increased payments as authorized by Section 1202 of the ACA because (check the appropriate box below):	
<input type="checkbox"/> I am an eligible physician with a current certification recognized by the ABMS, ABPS, or AOA in either family medicine, general internal medicine, or pediatric medicine, or subspecialties thereof; OR	
<input type="checkbox"/> I am an eligible primary care physician or sub specialist with at least 60% of my total billings for the <u>previous calendar year</u> being attributed to qualifying E&M and vaccine administration codes; OR	
<input type="checkbox"/> I am a newly enrolled, eligible primary care physician or sub specialist with at least 60% of my total billings for the <u>previous calendar month</u> being attributed to qualifying E&M and vaccine administration codes; OR	
<input type="checkbox"/> I am an APC working under the direct supervision of an eligible physician (by signing below the eligible physician acknowledges personal supervision of the APC, and accepts professional responsibility for the services provided by him/her.)	
I further certify that the information contained herein is true, correct, and complete. If I become aware that any information in this Attestation form is not true, correct, or complete, I agree to notify the NH DHHS within 30-days. I understand that any false statement, omission, or misrepresentation of a material fact may result in recovery of all funds paid as a result of such false statement, omission, or misrepresentation, and may also result in prosecution under State and Federal laws.	
Signature of Eligible/Supervising Physician	Date
Signature of APC Working under Eligible Physician	Date



INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL ATTESTATION FORM

The Affordable Care Act (ACA), as amended by Section 1202 of the Health Care and Education Reconciliation Act, requires that Medicaid reimburse certain primary care physicians at parity with Medicare rates for specific services provided in calendar year 2013 and 2014. The rate increase is authorized only for these two calendar years, after which time the rate structure will return to its existing level, pending no further federal or state action. The purpose of this rate increase is to expand physician participation in Medicaid, and to provide increased support for physicians who already participate and who might expand their Medicaid service.

APPLICABLE CODES:

The following codes are eligible for the higher payment rate to the extent that they are covered by NH Medicaid or included in a managed care contract:

- Healthcare Common Procedure Coding System (HCPCS) Evaluation and Management (E&M) codes 99201 through 99499; and
- Vaccine Administration Services CPT codes 90460, 90461, 90471, 90472, 90473, and 90474 or their successor codes.

ELIGIBLE PROVIDERS

To be “**eligible**” for the increased payment, the physician must be enrolled in NH Medicaid as a pediatric, family, or general internal medicine provider and attest to one of the following:

- 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; **and/or**
- 2) At least 60 percent of Medicaid services the physician billed in the previous calendar year are for the eligible Evaluation & Management (E&M) or vaccination administration codes. For physicians who have been enrolled in NH Medicaid less than one year, but for at least one month, the 60% threshold applies to codes billed to Medicaid in the prior month.

Physicians who attest to eligibility via Board certification in (1) above must practice in the area of family medicine, general internal medicine, or pediatric medicine. Services provided by advanced practice clinicians (APC), including advanced practice nurses, certified nurse midwives, or physician assistants, may be eligible for the fee increase when the APC operates under the supervision of an eligible physician and the physician has professional oversight or responsibility for the services being provided.

NOTE: Physician services provided in Federally Qualified Health Center’s and, Rural Health Center’s, clinics and health departments, to the extent that the services are reimbursed on an encounter or visit rate, are not eligible for higher payments, nor are professional services provided in nursing facilities and reimbursed as part of a per diem rate.



PROCESS FOR SUBMISSION OF THE ATTESTATION FORM

To receive payment, each provider must complete and submit an attestation. For your convenience, a “Group” attestation form is available for practices that chose to submit attestations for multiple providers working within the same practice. Page 2 of the “Group” form can be copied as needed to accommodate all of the providers within the practice. Only one attestation is necessary. Therefore, physicians submitting under a group practice need only complete one attestation even if they also work as an individual provider. Individuals not submitting under a group practice must complete and submit an “Individual” attestation form. The attestations form(s) may be submitted via any one of the following options:

- **E-mail to:** pcprateincrease@dhhs.state.nh.us
- **Fax to:** (603) 271-8431
- **Mail to:** NH DHHS – Office of Medicaid Business and Policy
129 Pleasant Street (Brown Building)
Concord, NH 03301
Attn: Robin Calley

If you are not already enrolled as a NH Medicaid provider with one of the three specified provider specialties, you must update your enrollment information to include a specialty of family medicine, internal medicine, or pediatric medicine in addition to submitting an attestation form. The Department will not pay the increased primary care service fee for your claims unless and until your enrollment field is updated with the required specialty designation.

If any of the information provided on the attestation form changes, a new attestation form must be submitted with updated information within 30 calendar days of the change(s).

PAYMENTS

Eligible providers who submit a completed attestation by July 1, 2013 will be paid the enhanced rate for services provided back to January 1, 2013. These providers will receive a lump sum, retroactive payment for services provided in the quarter of January 1 through March 31, 2013. Additional payments will then be made on a quarterly basis.

After July 1, 2013, the deadline for submitting an attestation for any given quarter is the 15th of the month following the end of the given quarter. For example, to receive payment for services provided between July 1st and September 30th, a provider must submit his/her attestation by October 15th to be eligible for the enhanced payments. This will include the given quarter and previous quarters back to January 1, 2013. Providers only need to attest once to receive the enhanced payments.

ATTESTATION VALIDATION

On an annual basis, as required by CMS, NH Medicaid will review a statistically valid sample of physicians who have received the increased payments to verify that they are in fact eligible for this increased payment. Physicians identified by NH Medicaid as not meeting these requirements will no longer be eligible for the rate increase, and any increased payments will be recouped. NH Medicaid may initiate a more focused review for any provider that must be removed from the enhanced payment program.