PRIMARY CARE ENHANCED PAYMENT INCREASE SELF-ATTESTATION

DEPARTMENT OF HUMAN SERVICES - MEDICAL SERVICES DIVISION

SFN 1508 (5-2013)

Clear Fields

Complete, sign, and mail all documentation to:
ND DHS MEDICAL SERVICES
ATTN: CINDY SHELDON
600 E BLVD AVE; DEPT 325
BISMARCK ND 58505-0250

Please complete the information in the sections, sign, and return per the instructions.
NOTE: EACH physician must complete an Attestation Form to be considered to meet eligibility requirements. PLEASE PRINT CLEARLY.

I. Information - Eligibility for Primary Care Payment Increase

Section 1202 of the Affordable Care Act (ACA) requires a temporary increase in Medicaid payments for qualifying primary care services provided by qualifying physicians for dates of service in calendar years (CY) 2013 and 2014. The federally funded, temporary rate increase is authorized only for these two years, after which the rate structure will return to its existing level, pending no further federal action. In order to be eligible for the increased payment, the services must be provided by a physician, or under the personal supervision of a physician with specialty designation in family practice, general internal medicine and pediatrics or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA); and the physician self-attests that they are board certified with such a specialty or subspecialty as set forth above; **or** they have furnished evaluation and management (E&M) and/or vaccines services that equal at least 60% of the Medicaid codes billed during the most recent completed calendar year or, for newly enrolled physicians the prior month plus a partial year or, the prior month if newly enrolled the current year.

II. Physician Information

First Name	Middle Initial	Last Name
Practice Name	NPI Number	ND Medicaid Provider ID Number
Designated Contact Name	Designated Contact Telephone Number	Designated Contact E-mail Address

III. Qualify and Designate Specialty

Provider Type

☐ **Physicians.** (1) Indicate your applicable board designation and include a copy of the certificate; (2) Indicate qualifying information; your board specialty or that you meet the required threshold; and (3) Check appropriate box for subspecialty.

☐ **Mid-Levels**. No specialty required; however, the supervising provider name/signature is required. The supervising physician must have met the requirements for eligibility for the primary care payment increase **and** accept professional responsibility and legal liability for the services provided under his or her supervision.

Check the organization that recognizes your specialty designation and attach a current copy of that certificate.

☐ American Board of Physician Specialties (ABPS)
The ABPS does not certify subspecialists. Eligible certifications are:

- ☐ American Board of Family Medicine Obstetrics
- ☐ Board of Certification in Family Practice
- ☐ Board of Certification in Internal Medicine

☐ American Board of Medical Specialties (ABMS)

☐ American Osteopathic Association (AOA)

☐ Other (Specify) _____

Defined Physician Specialties:

☐ Family Medicine ☐ General Internal Medicine ☐ Pediatric Medicine

OR Threshold:

☐ I meet the required threshold. At least 60% of my Medicaid billing services are E/M or vaccine administration

A copy of a qualifying board certificate must be attached.

Effective Date of Certification	Expiration Date of Certification

IV. Sub-Specialty

☐ Adolescent Medicine	☐ Gastroenterology	☐ Neruodevelopmental Disabilities	☐ Pediatric Rheumatology
☐ Adolescent/ Young Adult Medicine	☐ Geriatric Medicine	☐ Oncology	☐ Pediatric Transplant Hepatology
☐ Advanced Heart Failure	☐ Hematology	☐ Pediatric Allergy/Immunology	☐ Pulmonary Disease
☐ Allergy/Immunology	☐ Hematology/Oncology	☐ Pediatric Cardiology	☐ Rheumatology
☐ Cardiology	☐ Hospice & Palliative Medicine	☐ Pediatric Critical Care Medicine	☐ Sleep Medicine
☐ Cardiovascular	☐ Infectious Disease	☐ Pediatric Emergency Medicine	☐ Sports Medicine
☐ Child Abuse Pediatrics	☐ Interventional Cardiology	☐ Pediatric Endocrinology	☐ Transplant Cardiology
☐ Clinical Cardiac Electrophysiology	☐ Medical Oncology	☐ Pediatric Gastroenterology	☐ Transplant Hepatology
☐ Critical Care Medicine	☐ Medical Toxicology	☐ Pediatric Hematology Oncology	☐ Other _____
☐ Developmental-Behavioral Pediatrics	☐ Neonatal-Perinatal Medicine	☐ Pediatric Infectious Disease	
☐ Endocrinology	☐ Neonatology	☐ Pediatric Nephrology	
☐ Endocrinology, Diabetes & Metabolism Disease	☐ Nephrology	☐ Pediatric Pulmonolgy	

V. Signatures - Attestation

I attest, through signature, the above specialty, subspecialty designation, and certifying board information to be true and accurate. I also certify I am accepting professional responsibility and legal liability for the services provided by mid-level practitioners I attest to.

Mid Level Providers -
Practitioner name and signature are required

Mid-Level Practitioner Name	
Mid-Level Practitioner NPI	Mid-Level Practitioner's Medicaid Number

Signature	Date	Signature	Date

These enhanced payments will not begin for a provider until the completed form and board certificate are received.
If you have questions about completing this form, contact Cindy Sheldon at 701-328-4626.

Overview

Qualifying Providers

The ACA establishes increased payments to physicians with a specialty designation of family medicine, general internal medicine, and pediatric medicine, and sub-specialties thereof. Currently North Dakota (ND) Medicaid enrolled physicians in family medicine, general internal medicine, or pediatric medicine, or a sub-specialty thereof, may qualify in one of two ways:

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 sub-specialty thereof; **OR**

2) The physician has at least 60% of codes billed by the physician to ND Medicaid for the previous calendar year, which are qualifying E/M codes ND Medicaid covered codes in the range of 99201 through 99499 and vaccine administration codes 90460 through 90474.

Physicians who are enrolled in ND Medicaid during CY 2013 and CY 2014, who self-attest as eligible within one of the specialties (family medicine, general internal medicine, and pediatric medicine) or recognized sub-specialties, but who are NOT board certified, may qualify if at least 60% of codes billed to ND Medicaid in the prior month are qualifying E/M and vaccine administration codes.

Newly enrolled physicians during CY 2013 and CY 2014 cannot self-attest until at least one month after enrolling as a ND Medicaid provider.

According to the rules adopted, mid-level practitioners are eligible for the enhanced payment ***only*** if they are under the direct supervision of an **eligible** physician. The physician directly supervising the mid-level practitioner must accept full professional responsibility and legal liability for the services rendered by the mid-level practitioner. The eligibility of services provided by mid-level/ non-physician practitioners is dependent on 1) the eligibility of the physician and 2) whether or not the physician accepts professional responsibility and legal liability for the services provided by the mid-level. In order for the mid-level practitioner to receive the enhanced payment, the qualifying physician must submit the attestation form identifying these practitioners.

According to guidance issued by CMS, physicians employed by hospitals whose services are reimbursed by Medicaid on a physician fee schedule must receive the benefit of the higher payment. While hospitals could increase salaries they could also provide additional/bonus payments to eligible physicians to ensure that they receive the benefit of higher Medicaid payment.

Attestation Period and Re-Attestation

To be eligible for the increased payment, physicians must be enrolled as a family medicine, general internal medicine, or pediatric medicine provider, or a sub-specialty thereof, **and** self-attest as qualifying either by board certification, of 60% of billed codes.

Generally, the effective date for the increased payment cannot be earlier than the date the self-attestation is received. However, the Centers for Medicare and Medicaid Services (CMS) is allowing states to permit self-attestations received by the state to be retroactive effective to January 1, 2013. Therefore, self-attestation forms received **on or before June 17, 2013** will be made effective back to January 1, 2013. Self-Attestation forms received after **June 17, 2013** will be effective the date received by the ND Medicaid office, unless a newly enrolled provider.

Physicians who self-attest as qualifying due to board certification in family medicine, general internal medicine, and pediatric medicine, or a sub-specialty thereof, must provide the effective date and expiration date of certification. Qualification for the payment increase will end the earliest of either 12-31-2014 or the expiration date of board certification. Therefore, physicians whose board certifications expire during the CY 2013 or CY 2014 must re-attest for the program. Services provided during any lapses in time between board certification expiration and re-attestment will not be eligible for the enhanced payment.

Providers, who self-attest as qualifying due to 60% of ND Medicaid billed codes in the previous calendar year, are required to attest each calendar year the ACA physician enhanced payment is in effect. (i.e. CY 2013 & CY 2014). Providers who enrolled as ND Medicaid providers during the previous CY must attest that 60% of billed ND Medicaid codes are qualifying E/M and vaccine administration codes from enrollment date to the end of the calendar year, 2012.

Newly enrolled physicians during CY 2013 and CY 2014 cannot self-attest until at least one month after enrolling as a ND Medicaid provider.

Non-Qualifying Services

The enhanced payment is not available for services provided by a physician delivering services under any other benefit authorized by the ACA. This includes serviced provided in Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), because payment for these services is made on an encounter-rate basis, and is not specific to the physician services. Additionally, professional services provided in a nursing facility and reimbursed as part of a per diem rate are not eligible for the enhanced payment.

Validation

As required by ACA rule, at the end of CY 2013 and at the end of CY 2014, the Department will review a statistically valid sample of physicians who have received the enhanced payments to verify they are either board certified in an eligible specialty or that 60% of claims billed are for eligible codes. All physicians who self-attest are subject to auditing. Physicians identified as not meeting these requirements will be removed from the program and any enhanced payments will be recouped.