FEDERALLY FUNDED INCENTIVE PAYMENTS FOR CERTAIN PRIMARY CARE SERVICES IN 2013 AND 2014 FREQUENTLY ASKED QUESTIONS

	Question	Answer
1	Why are incentive payments being made?	Incentive payments are being made because they are required by the Affordable Care Act provision (42 CFR 447.400).
2	What types of providers can qualify for the incentive payments?	Physicians who are providing primary care services that equal at least 60% of their total services to Idaho Medicaid participants and/or are board certified by one of the following boards or their designated sub-boards:
		 American Board of Medical Specialties (ABMS) American Board of Family Medicine American Board of Internal Medicine American Board of Pediatrics
		 American Board of Physician Specialties (ABPS) Board of Certification in Family Practice Board of Certification in Internal Medicine Board of Certification in Family Medicine Obstetrics
		American Osteopathic Association (AOA) OR
		Advanced Practice Clinicians working under the direct supervision of a physician who meets the requirements listed above.

	Question	Answer
3	What types of physicians are eligible to receive incentive payments?	Qualifying physicians are defined by Section 1202 of the Affordable Care Act (ACA) as physicians enrolled and practicing under one of the following specialties or sub-specialties:
		Family Practice
		General Internal Medicine
		Pediatric Medicine
		OR
		A physician whose calendar year (CY) 2012 Idaho Medicaid billings consisted of at least 60% of the qualifying Healthcare Common Procedure Coding System evaluation and management (E/M) services codes and vaccine administration codes listed in the answer to question #16.
4	What types of advanced	For the purposes of this rule, advanced practice clinicians include:
	practice clinicians are eligible to receive incentive	Nurse practitioners
	payments?	Physician Assistants
		Certified Nurse Midwives
		These individuals must be practicing under the direct, professional oversight and legal responsibility of a self-attested qualifying physician. Advanced practice clinicians practicing under arm's-length arrangements with physicians are not eligible. Therefore, independent nurse-managed clinics and other practitioners who have entered into arm's-length arrangements with their supervising physicians are not eligible.

	Question	Answer
5	Does a provider need to submit additional information with the selfattestation form?	If the physician is certified in one of the specialty designations of family medicine, general internal medicine, pediatric medicine, or one of their subspecialties and is self-attesting to the certification, the physician must attach a copy of the certification from the American Board of Medical Specialties, the American Board of Physician Specialties, or the American Osteopathic Association to the self-attestation form and coversheet available at www.idmedicaid.com under Forms, Provider Documents.
6	How does a provider self- attest?	Providers who believe they meet one of the two criteria must complete and submit the ACA Physician and Advanced Practice Clinicians Self-Attestation Form for Incentive Payment for Primary Care Services. Each self-attesting provider must submit a separate, complete form. The self-attestation form and coversheet are available at www.idmedicaid.com under Forms, Provider Documents.
7	Can a provider who is not board certified in one of the specialty designations receive the incentive payments?	A provider who is not enrolled or board certified in one of the specialty designations of family medicine, general internal medicine, pediatric medicine, or one of their subspecialties but is practicing as a primary care physician can self-attest that 60% of Medicaid claims are E/M codes 99201-99499 and vaccine administration codes 90460, 90461, and 90471-90474. This should be indicated on the ACA Physician and Advanced Practice Clinicians Self-Attestation Form. The self-attestation form and coversheet are available at www.idmedicaid.com under Forms, Provider Documents.
8	Can independent mid-level, non-physician practitioners such as nurse practitioners receive the higher payment?	No. The final rule specifies that the incentive payment can only be made for primary care services rendered by advanced practice clinicians working under the personal supervision of a qualifying physician. The requirement is that the supervising, self-attested physician assumes professional and legal responsibility for the services provided by the advanced practice clinician under his or her supervision. If this is not the case, the advanced practice clinician would be viewed as practicing independently and would not be eligible for the incentive payment.

	Question	Answer
9	What are the ACA requirements for receiving increased payment if a physician is employed by a group or clinic?	The ACA rules specify that if services delivered by a physician who is employed by a group or clinic are actually reimbursed under the Idaho Medicaid State Plan as a physician service rather than a clinic service, the physician must receive the increased payment. If, as a condition of employment, the physician agrees to accept a fixed salary amount, then we expect an appropriate adjustment to the salary to reflect the incentive payment.
10	Are physicians and advanced practice clinicians who work for federally qualified health centers (FQHCs) and rural health clinics (RHCs) eligible for the incentive payment?	No. The incentive payment does not apply to services provided as part of an FQHC or RHC.
11	How do providers who are enrolled with Idaho Medicaid BEFORE January 1, 2013, qualify for incentive payments?	 Before March 31st, 2013, the physician or advanced practice clinician must submit either of the following: A completed self-attestation form along with a copy of their board certification from the American Board of Medical Specialties, the American Board of Physician Specialties, or the American Osteopathic Association in family medicine, general internal medicine, pediatric medicine, or one of their subspecialties. OR A completed self-attestation form attesting that at least 60% of all procedure codes billed to Idaho Medicaid by the qualifying provider for all of CY 2012 are qualifying E/M codes and vaccine administration codes.

	Question	Answer
12	How do providers enrolled with Idaho Medicaid AFTER December 31, 2012, qualify for incentive payments?	Once the physician or advanced practice clinician has been actively enrolled with Idaho Medicaid for at least 30 days, they may submit a complete self-attestation form along with a copy of their board certification from the American Board of Medical Specialties, the American Board of Physician Specialties, or the American Osteopathic Association in family medicine, general internal medicine, pediatric medicine, or one of their subspecialties.
		OR
		Providers who self-attest as eligible within one of the specialties (family medicine, general internal medicine, or pediatric medicine), enroll with Idaho Medicaid between January 1, 2013, and December 31, 2014, and are not board certified may qualify if 60% of a month's worth of Medicaid claims with qualifying E/M and vaccine administration codes are billed after enrollment.
13	Can a newly enrolled Medicaid provider receive an incentive payment?	A provider they can self-attest after 30 days of active enrollment with Idaho Medicaid.
14	When will incentive payments be made to qualifying physicians and advance practice clinicians?	The quarterly incentive payments for qualifying primary care services cannot be made until the submitted Idaho State Plan amendment has been approved by the Centers for Medicare & Medicaid Services. The State Plan amendment has been submitted but has not yet been approved. More information about the incentive payment calculation and payment issuance is expected by the end of June 2013.

	Question	Answer
15	At what rate will services be paid?	The quarterly incentive payment will be the difference between the current Idaho Medicaid rate and the Medicare rates in effect for CY 2013 and CY 2014 using the 2009 Medicare physician fee schedule conversion factor. The incentive payment will be decreased if the charge on the claim is less than the Medicare rate in effect for CY 2013 and CY 2014. The mid-level provider adjustment factor of 85% of the physician rate will also decrease the incentive payment.
		Vaccine administration at the lesser of the CY 2013 or CY 2014 Medicare rate or the maximum regional VFC rate in those years (under the Vaccines for Children (VFC) program).
16	What codes are eligible for the increased payment?	Healthcare Common Procedure Coding System E/M codes 99201-99499 and vaccine administration codes 90460, 90461, and 90471-90474 may be eligible for the increased payment. Idaho Medicaid's current coverage policy of E/M codes will not change. Therefore, any currently non-covered E/M codes in the range 99201-99499 will remain non-covered and will not be eligible for the increased payment.
17	Are all claims for these codes submitted for Idaho Medicaid participants eligible for the incentive payment?	No. The rule specifies primary care services provided to "stand-alone" State Children's Health Insurance Program participants are not eligible for the incentive payment. The Department will exclude these claims in the calculation of the incentive payment and the calculation of the 60% threshold.
18	When will providers receive their incentive payment?	Pending approval of the submitted Idaho State Plan amendment, the first payment is scheduled to go out near the end of June 2013.

	Question	Answer
19	What time period is covered by the initial incentive payment?	 The initial incentive payment received by qualifying providers is based on when the provider enrolled with Idaho Medicaid and when the provider submitted a complete and approvable self-attestation form. The self-attestation form and coversheet are available at www.idmedicaid.com under Forms, Provider Documents. Providers enrolled with Idaho Medicaid as of December 31, 2012, who submit completed self-attestations any time between January 1, 2013, and March 31, 2013, may be eligible for the incentive payment for the months of January, February, and March 2013. Providers who submit complete and approvable self-attestations after March 31, 2013, will have their payments calculated based on the date all
		the information is received.
20	What time period is covered for subsequent incentive payments?	Subsequent incentive payments will be made to qualifying providers for all qualifying claims submitted and paid in the previous calendar quarter.
21	How will the payments be made?	Once a quarter the Pay-To provider for each qualifying physician and advanced practice clinician will receive a payment advice and payment that specifies each claim that was eligible for the incentive payment in the previous quarter. This payment advice will include the claim the incentive payment was made for, the amount of the incentive payment by claim, and the rendering provider on the claim.
22	How can providers submit their information to receive an incentive payment?	Submit the self-attestation form along with the coversheet, all pages of the completed and signed self-attestation form, and board certification and fax all documentation to Molina Healthcare Solutions at 1 (877) 517-2041.
		The self-attestation form and coversheet are also available at www.idmedicaid.com under <i>Forms, Provider Documents</i> .

	Question	Answer
23	Who can providers call if they have questions?	 For questions about the self-attestation process, please contact Molina Provider Enrollment Services toll free at 1 (866) 686-4272 or locally at (208) 373-1424. For questions about vaccine codes, please contact the Medical Policy Unit at (208) 364-1897. For questions about incentive payments, please contact the Bureau of Financial Operations at (208) 364-1994.