# ACA Physician and Advanced Practice Clinicians Self-Attestation Form

### Overview

A temporary incentive payment will be made in addition to Idaho Medicaid claim reimbursement for qualifying primary care services provided by qualifying physicians and advanced practice clinicians for dates of service in calendar years (CYs) 2013 and 2014 as required by Section 1202 of the Affordable Care Act (ACA). This federally funded incentive payment is authorized only for these two calendar years.

Primary care services provided by advanced practice clinicians, including nurse practitioners, physician assistants, and certified nurse midwives, within their scope of practice under the direct professional oversight of a self-attested qualifying physician, will also be eligible for the higher payment. The self-attested supervising physician provides direct professional oversight and assumes legal responsibility for the services provided by the advanced practice clinicians; thus, arrangements under which independent nurse-managed clinics or other practitioners enter into arm's-length arrangements with physicians do not meet the terms of this definition.

Additional information may be found at: www.idmedicaid.com.

## Qualifying providers enrolled with Idaho Medicaid prior to 1/1/2013

The ACA establishes incentive payments to providers with a specialty designation of family medicine, general internal medicine, and pediatric medicine, as well as their subspecialties. Providers who meet this specialty designation must complete and submit the ACA Physician and Advanced Practice Clinicians Self-Attestation Form to participate in the Incentive Payment for Primary Care Services. The provider must self-attest that:

- 1) he or she 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** submits a copy of their certification with the self-attestation form, or
- 2) at least 60% of Medicaid codes billed by the provider to Medicaid for all of CY 2012 are qualifying E/M codes and vaccine administration codes.

## New qualifying providers enrolled with Idaho Medicaid after to 12/31/2012

Providers who enroll with Idaho Medicaid between January 1, 2013 and December 31, 2014, who self-attest as eligible within one of the specialties (family medicine, general internal medicine, and pediatric medicine) may qualify through board certification or billings proving 60% of codes billed to Medicaid in the prior month are qualifying E/M and vaccine administration codes.

## Self-Attestation Period and Re-Attestation

Generally, the effective date for the incentive payment cannot be earlier than the date the self-attestation is received. Providers enrolled with Idaho Medicaid who meet all qualifying conditions as of January 1, 2013, and submit 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. Complete self-attestations received after March 31, 2013, will be effective the date received. Newly enrolled physicians during CY 2013 and CY 2014 cannot self-attest until at least 1 month after enrolling as an Idaho Medicaid provider.

Physicians and advanced practice clinicians who self-attest as qualifying due to board certification in family medicine, general internal medicine, or pediatric medicine, or a subspecialty thereof, must provide the effective date and expiration date of the certification. Qualification for the incentive payment will end the earliest of either December 31, 2014, or the expiration date of the board certification. Therefore, physicians' whose board certifications expire during CY 2013 or CY 2014, must re-attest for the program; services provided during any lapses in time between board certification expiration and re-attestation will not be eligible for the incentive payment.

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

## **Non-Qualifying Services**

Incentive payment is not available for services provided by a physician or advanced practice clinician delivering services under any other benefit authorized by the Medicaid act. This includes services 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 increased payment.

#### Validation

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

Board Certified		60% of Billed Codes
The physician or advanced practice clinician has a specialty designation of family medicine, general internal medicine, or pediatric medicine, or a subspecialty thereof, AND 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 one of these specialties or subspecialties.	OR	The physician or advanced practice clinician has a specialty designation of family medicine, general internal medicine, or pediatric medicine, or subspecialty thereof, AND at least 60% of Medicaid codes billed by the physician with dates of service during the previous calendar year are qualifying E/M and vaccine administration codes.
The physician or advanced practice clinician is an Idaho Medicaid enrolled provider in family medicine, general internal medicine, or pediatric medicine, or subspecialty thereof as designated below.		The physician or advanced practice clinician is an Idaho Medicaid enrolled provider in family medicine, general internal medicine, or pediatric medicine, or subspecialty thereof as designated below.
Provider Type		Provider Type
Physician Assistants & Advanced Practice Nursing Providers		Select one
Identify enrolled specialty type Certified Nurse Midwife		Identify enrolled specialty type Select one
The physician is board certified <b>by</b> (Choose One):  Select one  If certified by ABPS, please indicate one of the following:		If you are self-attesting to at least 60% of Medicaid billed codes billed are qualifying E/M and vaccine administration codes during the previous calendar year. Idaho Medicaid will review your claims data and communicate whether you meet the 60% criteria.
If certified by ABPS, please select one  A copy of the board certification must be included.		*Providers not enrolled with Idaho Medicaid as of January 1, 2013, may attest under this provision at any point after they have been enrolled with Idaho Medicaid for 30 days.
* If the board certification ends or is revoked, the provider will notify Molina Provider Enrollment within 10 days.	:	

I affirm, under the penalties for perjury, that the foregoing and following information is true, accurate, and complete. I understand that payments submitted under this provider number will be from Federal funds, and that any falsification or concealment of material fact may be prosecuted under Federal and State laws. Idaho Medicaid may ask for additional information regarding any of the information submitted as part of this form and application. Idaho Medicaid will pursue repayment in all instances of improper or duplicate payment. Idaho Medicaid will recoup all paid incentive payments if the physician or advanced practice clinician is found to be ineligible for this program. By signing this form, the provider attests that he/she qualifies for the ACA incentive payment and that the following is true:

- The physician or advanced practice clinician has a specialty designation and 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,
  - If the board certification ends or is revoked, the provider will notify Molina Provider Enrollment within 10 days

#### <u>Or</u>

- The physician or advanced practice clinician has a specialty designation of family medicine, general internal
  medicine, and pediatric medicine, or subspecialties thereof, and at least 60% of billed codes by the physician or
  advanced practice clinician to Idaho Medicaid during the previous calendar year are qualifying E/M and vaccine
  administration codes.
  - New providers may attest at any point after they have been enrolled with Idaho Medicaid for 30 days under this provision that 60% of the codes billed to Idaho Medicaid are qualifying E/M and vaccine administration codes.

This attestation must be signed by the physician or physician providing direct supervision and the advanced practice

clinician. No other signatures will be allowed. Attesting Physician Signature: Attesting Physician's Name (printed): Attesting Physician's NPI: By signing as a Supervising Physician I agree with the definition of the Supervising Physician Statement below. Supervising Physician's Statement: As the Supervising Physician I am a self-attested, qualifying physician, and I provide direct professional oversight and assume legal responsibility for the services provided by the advanced practice clinician, listed below, who is providing services within their scope of practice. Attesting Supervising Physician Signature: Attesting Supervising Physician Name (printed): Attesting Supervising Physician NPI: Attesting Advanced Practice Clinician Signature: Attesting Advanced Practice Clinician Name (printed): Attesting Advanced Practice Clinician NPI: Pay-to Provider NPI and Service Location:

**Date Form Completed:** 

**Date Submitted:** 

# Fax Cover Sheet

# ACA Physician and Advanced Practice Clinicians Self-Attestation Form

Fax completed form and certificate to:	
Molina Medicaid Solutions	
1 (877) 517-2041	
Include the cover sheet, self-attestation form, and certification.	
Rendering Provider Name:	
Rendering Provider NPI #:	