



# TENNCARE POLICY MANUAL

<b>Policy No:</b> PRO 13-003	
<b>Subject:</b> Enhanced Rate for Primary Care	
<b>Approval:</b> <i>Keith Jauth</i>	<b>Date:</b> 6-6-13

## PURPOSE:

The purpose of this policy is to clarify the attestation requirements for providers qualifying to receive increased payments for primary care services in 2013 and 2014. This policy also affirms TennCare's intent to maintain existing MCO and/or TennCare reimbursement methodologies as described in policies, state laws, rules and regulations as allowed for in the Affordable Care Act.

## BACKGROUND:

The Affordable Care Act (ACA) requires state Medicaid programs to increase payment rates in 2013 and 2014 for certain physicians who provide certain primary care services for Medicaid enrollees. The payment rates paid to these physicians in 2013 and 2014 must be at least as much as the Medicare rates in effect in 2013 and 2014, or the rates that would be applicable using the calendar year 2009 Medicare conversion factor.<sup>1</sup>

Physicians are eligible for the increased primary care payments if they have a primary specialty designation of family medicine, general internal medicine, or pediatric medicine, or a recognized subspecialty. (Subspecialties recognized by the American Board of Medical Specialties, the American Board of Physician Specialties, and the American Osteopathic Association qualify for the increased payments.) CMS has also interpreted the law to include non-physician providers "working under the personal supervision of a physician" with an appropriate specialty or subspecialty designation.<sup>2</sup> The increased rate applies only to payment for a specific set of procedure codes. These codes include evaluation and management services and vaccine administration services.<sup>3</sup> Medicaid managed care organizations (MCOs) must also pay the increased rates to qualifying providers.<sup>4</sup>

<sup>1</sup> Social Security Act § 1902(a)(13)(C)

<sup>2</sup> Social Security Act § 1902(a)(13)(C); 42 CFR § 447.400

<sup>3</sup> Social Security Act § 1902(jj)

<sup>4</sup> Social Security Act § 1932(f)

At 42 CFR § 447.400, CMS has specified which providers may qualify for increased primary care payments. To qualify, a provider must self-attest that he:

- practices within a specialty designation of family medicine, general internal medicine, or pediatric medicine; AND
- is Board certified with an applicable specialty or subspecialty; OR
- has furnished eligible services under the specified codes that equal at least 60 percent of the Medicaid codes he has been paid for during the most recently completed calendar year (or, for newly eligible physicians, the prior month).

As with other administrative responsibilities, states may delegate the provider attestation process to other entities, including private contractors such as managed care organizations (MCOs).<sup>5</sup>

At the end of calendar years 2013 and 2014, states must review a statistically valid sample of providers who received the higher payments to verify that they meet the requirements described above to qualify for the increased primary care payments.<sup>6</sup>

**POLICY:**

TennCare pays qualified providers the greater of contractual rates or a rate equal to the Medicare rate for specified primary care services delivered to TennCare enrollees during 2013 and 2014. This payment is paid to providers by TennCare's MCOs, with the exception of Medicare/Medicaid crossover claims. TennCare continues to be responsible for the payment of Medicare/Medicaid crossover claims.

TennCare has delegated its provider attestation process to its MCOs for all providers who have a contract with an MCO or who otherwise have an arrangement whereby they are paid by a TennCare MCO (e.g., emergency providers, single case agreements, etc.). TennCare will collect and maintain attestations for those providers who do not have a billing relationship with a TennCare MCO but who submit Medicare/Medicaid crossover claims for payment to the TennCare Bureau. The procedure for provider attestation to qualify for increased primary care payments is outlined below.

As allowed for in CMS' discussion of the primary care regulation<sup>7</sup>, TennCare intends to maintain current payment methodologies and guidelines as described in the TennCare/MCO Contractor Risk Agreement, TennCare's administrative rules, and TennCare and MCO policies and procedures. This includes (but may not be limited to) authorization policies related to out-of-network providers<sup>8</sup>, primary care provider lock-in, non-emergent services provided in emergency rooms, MCO Utilization Management

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<sup>5</sup> 42 CFR § 431.10(e)

<sup>6</sup> 42 CFR § 447.400(b)

<sup>7</sup> See Federal Register/Vol. 77 No. 215, Page 66,681

<sup>8</sup> TennCare/MCO Contract, Section 2.13; TennCare Rules 1200-13-13-.08 and 1200-13-14-.08

Guidelines<sup>9</sup>, and MCO Provider Manual/Billing Instructions (including bundling/unbundling of procedure codes)<sup>10</sup>.

## PROVIDER ATTESTATION PROCEDURES:

### PROCEDURES DELEGATED TO MCOs

In order to implement the Primary Care Enhanced Rate initiative, as defined by Section 1202 of the Affordable Care Act, TennCare and its Managed Care Organizations (MCOs) will take the following actions with regard to appropriate identification of qualified providers.

#### Initial Process for Identifying Qualifying Providers

##### **Step 1 - MCOs will identify qualifying providers who are Board-certified based on credentialing files.**

1. **Generate a file.** Each MCO will generate a report identifying participating providers who meet the specialty (primary and secondary) or subspecialty requirements and are Board certified. This information will be based on the MCO's credentialing file IF the credentialing application requires Board certification information to be provided, as well as an attestation section requiring provider signature. These credentialing applications should be available in the event of an audit. (NOTE: Different MCOs may have different data available via their provider credentialing files, which may result in a provider that is contracted with more than one MCO being identified as qualified on one MCO's report based on appropriate Board certification and not on another MCO's report.)
2. **Send Notification 1 to qualified providers identified through the file.** After identifying qualified participating providers using available credentialing files, each MCO will then mail a notice (**Notification 1**) to each identified provider in its plan, advising that he/she has been confirmed to participate in the initiative, and will thus receive the enhanced payment from the plan. This notification will include an assurance that the provider does not need to re-file claims that have already been submitted; claims qualifying for the enhanced payment will be systematically identified retroactive to January 1, 2013 and adjusted. Notification 1 will also include specific instructions that a qualified provider **must** follow for completing an attestation form for non-physician practitioners. (See Step 4.)

<sup>9</sup> TennCare/MCO Contract, Section 2.14

<sup>10</sup> TennCare/MCO Contract, Sections 2.18 and 2.22

## **Step 2 – MCOs will send providers not identified in their credentialing file an attestation form.**

1. **Send the attestation form and Notification 2.** Providers who are in the eligible specialties/subspecialties, who are not confirmed in Step 1 as being Board certified, will be sent the attestation form and notification (**Notification 2**) by the applicable MCOs. The attestation form will allow a provider the opportunity to attest to a qualifying specialty designation. The provider must also attest to being Board certified, OR that at least 60% of his/her Medicaid claims paid represent the eligible CPT codes (noted on the attestation form). NOTE: The 60% threshold should be based on statewide TennCare services, not at the MCO level. An eligible provider that participates in multiple TennCare MCOs may receive Notification 2 from more than one MCO. In such cases, the eligible provider must submit the form to each respective MCO requesting the information, as the form requires the MCO Provider I.D. and there is not a single statewide repository of qualified providers. Providers will be required to return the form(s) no later than July 15, 2013, in order to be added to the qualified provider file for claims adjustments retroactive to January 1, 2013. If forms are received after July 15, 2013, claims will be adjusted only back to the receipt date of the form. If Board certification information is received by the MCO, the information will also be forwarded to the MCO's credentialing unit. Notification 2 will also include specific instructions that a qualified provider **must** follow for completing an attestation form for non-physician practitioners. (See Step 4.)

**NOTE:** MCOs will not send a confirmation communication to those providers who submit an attestation form that is completed correctly. They will move the provider to the qualified provider list for implementation. If an MCO receives an incomplete form, the MCO will notify the physician that the form cannot be accepted.

2. **Move providers to the qualified provider list as appropriate.** If an attestation form is received indicating that both Board certification AND the 60% claims threshold are met, the provider will be moved to the qualified provider list for increased reimbursement and placed in a file denoting updated Board information. Note that if a provider is added to the list based on the attestation of Board certification then they may not be subject to the annual random audit process. Providers without Board certification who attest to the 60% claims threshold only will be subject to the required annual random audit process. If Board certification cannot be verified through the MCO's credentialing process, the provider will be subject to the 60% claims threshold annual random audit process.
3. Regardless of the number of attestation forms an MCO mails in the Notification 2 process, forms received back by the MCO must be processed within 30 days of receipt. Processed shall mean that a valid attestation has been noted in the appropriate file so that claims processing can begin paying the appropriate PCP rate increase. For incomplete attestation forms that are received, the MCO must notify the physician that the form cannot be accepted within 45 days of receipt.

## **Step 3 – MCOs will conduct general provider outreach**

1. A general notification (**Notification 3**) will be posted on MCO websites and sent to participating providers via provider newsletters and/or blast fax/email providing general information regarding the rate bump, announcing that notices have been sent, and providing MCO-specific

website addresses for physicians to obtain additional information, including the forms for attestation.

**Step 4 – MCOs’ notifications to qualified and potentially qualified physicians will include instructions for non-physician practitioners.**

1. Notification 1, 2, and 3 will also include the following specific instructions for completing the attestation form for non-physician practitioners: If the identified qualifying provider is professionally responsible (and legally liable) for mid-level practitioners who they believe are eligible for the enhanced payment, they will need to print an attestation form(s) from the MCO’s web site. Qualified providers (even those identified by the MCO’s initial process) must complete and submit all requested information on the form (Sections II through VI), including all information for each practitioner (Section V) in order for him/her to be eligible for the enhanced payment. The attestation form has capacity to attest on behalf of three mid-level practitioners. If a physician needs to attest on behalf of more than three mid-level practitioners, a separate completed form must be submitted. Additional copies of the second page as attachments will not be accepted. Attestation forms will **NOT** be accepted directly from mid-level practitioners.

**Ongoing Process for Providers Not Identified in the Initial Process**

1. **Credentialing/contracting packets.** The approved attestation form will be included in the current MCOs’ credentialing or contracting packets. As new, potentially eligible providers are approved to participate in an MCO, the MCOs will have a process in place to add the provider and eligible extenders to the qualified provider reimbursement file. The addition of new providers to the qualified provider reimbursement file may be based on the provider’s Board certification status, or on the completion of the provider attestation form. Any applicable claims will be identified and adjusted. Increased payment for claims will only be retroactive back to the receipt date of the form.
2. **Web site.** The attestation form and related instructions will be added to each MCO’s web site.

**MCO Maintenance of Attestation File**

1. MCOs will create a file that designates a provider as a “qualified provider” to receive the PCP rate increase based on their initial report identifying qualified physicians through their credentialing process (See Step 1 above) and/or the receipt of a completed attestation form.
2. MCOs will utilize this information to identify qualified providers for whom they will assure increased payment rates for qualified codes in accordance with ACA.
3. MCOs will be required to provide TennCare with a copy of the MCO file representing “qualified providers” in a format and timeframe designated by TennCare.

## PROCEDURES FOR TENNCARE TO FOLLOW

In order to implement the Primary Care Enhanced Rate initiative, as defined by Section 1202 of the Affordable Care Act, TennCare will take the following actions with regard to appropriate identification of qualified providers.

### Initial Process for Identifying Qualifying Providers

#### **TennCare Delegation for Provider Attestation Process**

1. TennCare will delegate the Provider Attestation process to the MCOs as described above for all providers who participate in an MCO<sup>11</sup>.

#### **TennCare Notification for Non-MCO Providers**

1. TennCare will post a notice on its Remittance Advice (RA) for Medicare/Medicaid crossover payments, post information on the TennCare web site, and work with the Tennessee Medical Association (TMA) as well as the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) to request assistance in distributing information regarding what providers should do to qualify for the increased primary care payments if they do not participate in an MCO but bill Medicare/Medicaid crossover claims to TennCare.

### Ongoing Process for Providers Not Identified in the Initial Process

1. The attestation form and instructions will be added to TennCare's web site.

### TennCare Maintenance of Attestation File

1. TennCare will maintain a file of providers who are qualified and eligible to receive the increased primary care payments for the purpose of reimbursing Medicare/Medicaid crossover claims in accordance with ACA. The information to indicate a provider is an eligible qualified provider will be received as follows:
  - a. TennCare will receive files from each MCO that have been created by the MCO through the process outlined above; and
  - b. TennCare will receive attestation forms directly from providers who do not participate with an MCO but bill Medicare/Medicaid crossover claims to TennCare.

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<sup>11</sup> For purposes of this policy, providers who have any sort of arrangement whereby they receive payment from a TennCare MCO are considered to be participating in the MCO (e.g., emergency providers, single case agreements). Attestations for all such providers will be handled by the MCO. TennCare only processes attestation forms for providers who do not receive any payment from a TennCare MCO, but who bill their Medicare/Medicaid crossover claims to TennCare.

**ATTACHMENTS:**

Attestation Form  
MCO Notification 1  
MCO Notification 2  
MCO Notification 3  
TennCare Notification

**REFERENCES:**

Health Care and Education Reconciliation Act of 2010, Section 1202  
<http://www.gpo.gov/fdsys/pkg/PLAW-111publ152/pdf/PLAW-111publ152.pdf>

42 CFR Part 447, Subpart G  
[http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42tab\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42tab_02.tpl)

**OFFICES OF PRIMARY RESPONSIBILITY:**

Managed Care Operations

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Original: 02/01/13: AB

**Section I: Instructions**

Complete the information in Section II, III, IV, and VI if you are ONLY attesting as a qualified/eligible Physician. If you are a qualified/eligible Physician and are attesting that you accept professional responsibility for a Mid-Level Non-Physician Practitioner, you MUST complete ALL Sections of this form (Section II, III, IV, V and VI). Incomplete forms will be returned to the mailing address for correction. Sign and return by fax or mail to:

**MCO  
ADDRESS  
ADDRESS  
FAX**

**Section II: Provider Information (All physicians must complete this section). All fields in Section III apply to the Rendering Provider as identified in field 24J of the CMS-1500 claim form.**

Physician Name	Telephone Number	Contact Name
Street Address	City	State
		Zip Code
Tennessee Medicaid Number	Provider NPI Number	Tax I.D. Number

**Section III: Attestation (All physicians must complete this section)**

I attest that I am a physician with a specialty or subspecialty designation of (Check at least one):  
 Family Medicine     General Internal Medicine     Pediatric Medicine

**AND,**

I attest that, to the best of my knowledge and information, such designation is supported by (Check at least one)\*\*.

Certification as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by one of the following board certifications: American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), and American Board of Physician Specialties (ABPS),

**OR**

At least 60% of my total Medicaid codes paid, (for all TennCare enrollees statewide), for the most recently completed calendar year or for newly eligible physicians the prior month, were E&M (99201 through 99499) and vaccine administration codes (90460, 90461, 90471, 90472, 90473, 90474, or their successors).

I attest that I meet the above criteria from January 1, 2013, through December 31, 2014. I understand that the Managed Care Organizations (MCOs) will verify that I meet the criteria for payment at the Medicare rate by validating board certification or reviewing claims to ensure that the 60% threshold has been met. I agree to cooperate and provide a copy of the board certification upon request by the MCOs. Furthermore, I agree to notify the MCOs immediately if I no longer meet the requirements for self attestation as a provider qualified for this payment. I further understand that if it is later determined I did not qualify for payment under this provision, then Medicaid will recoup the difference between the Medicare rate and the Medicaid rate associated with dates of service that I was not qualified. The payment rate for the qualified codes shall be the greater of the Medicare rate or the provider's contracted rate with the MCO, if applicable, in effect on the date of service. For providers billing TennCare for Medicare/Medicaid crossover payments, the combined Medicaid and Medicare rate will equal the Medicare rate in effect on the date of service.

Completed attestation forms received by **July 15, 2013** will receive an effective date of January 1, 2013. Completed attestations received after **July 15, 2013** will receive an effective date no earlier than the date of receipt.

**Attachment A: Attestation Form**

**Section IV: Attestation of Board Certification (Complete this section ONLY if you checked the box above indicating that you are board certified in one of the qualifying specialties/subspecialties)**

\_\_\_\_\_ (Please check) I attest that, to the best of my knowledge and information, the specialty or subspecialty designation identified in Section III is further supported by the certification as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by one of the boards listed in Section III.

List applicable board certification(s) and certifying board(s). This information will be used for verification purposes.

Certifying Board(s)	Specialty Board Certification(s)	Subspecialty Board Certification(s)

**Section V: Qualified Physician's Attestation Regarding Mid-level / Non-Physician Practitioners**

Increased payments are also available to mid-level / non-physician practitioners only if 1) the supervising physician is determined eligible, AND 2) the physician accepts professional responsibility for the services provided by the mid-level. I, \_\_\_\_\_, Printed Name of Supervising Physician attest that the following mid-level / non-physician practitioner(s), for whom I supervise, are eligible for the enhanced payments based on the prior statement:

1. Practitioner Name		Telephone Number	Contact Name	
Street Address		City	State	Zip Code
Tennessee Medicaid Number	Provider NPI Number	Tax I.D. Number		
2. Practitioner Name		Telephone Number	Contact Name	
Street Address		City	State	Zip Code
Tennessee Medicaid Number	Provider NPI Number	Tax I.D. Number		
3. Practitioner Name		Telephone Number	Contact Name	
Street Address		City	State	Zip Code
Tennessee Medicaid Number	Provider NPI Number	Tax I.D. Number		

Note: If more than 3, we must receive a separate completed form. We will not accept additional copies of the second page as attachments.

**Section VI: Signature Required (Physician)**

**Physician Signature	Printed Name	Date

\*\* Please note that the MCOs will annually be required to review a statistically valid sample of providers who received higher payment to verify that they either were appropriately Board certified or that 60 percent of their paid claims during that period were for the identified E&M (99201 through 99499) and vaccine administration codes (90460, 90461, 90471, 90472, 90473, 90474, or their successors). If this review does not support the self attestation, the increased payments will be subject to recoupment.

**Primary Care Physician Enhanced Rates**

May 3, 2013

In accordance with Section 1202 of the Affordable Care Act, qualified Medicaid primary care providers practicing in family medicine, general internal medicine, pediatric medicine and related subspecialties who meet specified requirements will be eligible to receive enhanced reimbursement rates. This is effective for dates of service on and after January 1, 2013 through December 31, 2014.

**Based on your current credentialing attestation form on file with us, you qualify for the PCP enhanced rate as being Board certified in one of the eligible designations.** You do not have to submit an extra attestation form unless you supervise and are professionally responsible, and legally liable for mid-level extenders who may also qualify for the enhanced payments. See below.

The actual implementation date is still yet to be determined pending CMS approval of TennCare's State Plan Amendment and the collection and processing of provider qualification information.

What do you do in the meantime?

**Important:** If you supervise and are professionally responsible (and legally liable) for mid-level practitioners who you believe are eligible for the enhanced payment, you **will** need to go to *[URL for MCO web site]* and print an attestation form(s). You must complete and submit **all** requested information on the form (Sections II through VI), including all information for each practitioner (Section V) in order for him/her to be eligible for the enhanced payment. We will not accept attestation forms directly from mid-level practitioners. In order for a mid-level practitioner to receive the enhanced rates retroactive to dates of service on and after January 1, 2013, we **must** receive your completed attestation form(s) by July 15, 2013. For forms received after this date, payments will be adjusted retroactively only for dates of service on or after the date the form was received by *[MCO]*. Please note that if we receive incomplete forms, we will notify you; however, we cannot guarantee that you will be notified in time for you to return a completed form(s) by the July 15, 2013 deadline.

Continue to provide services to your *[MCO]* members and submit your claims as you do today. You will be reimbursed at your current contractual rates.

Watch for updates published in the *[MCO]* Provider Newsletter. *[MCO]* will communicate the effective date as soon as it is known.

You will **not** have to resubmit eligible claims. Once the implementation date is established, *[MCO]* will identify the eligible claims, based on the CPT codes noted in the regulations, and adjust payments to the greater of your contracted rates or the increased rates specified in the regulations and the approved CMS TennCare State Plan Amendment, retroactive to date

**Attachment B: MCO Notification 1**

of service January 1, 2013. Going forward, the enhanced rate will be applied during regular claims processing.

Continue to visit *[URL for MCO web site]* for updated information, as well as [www.medicaid.gov](http://www.medicaid.gov).

Thank you for your assistance in providing the best quality care for our members.

<p><b>Primary Care Physician Enhanced Rates Attestation Form <u>Required</u></b></p>
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May 3, 2013

In accordance with Section 1202 of the Affordable Care Act, qualified Medicaid primary care providers practicing in family medicine, general internal medicine, pediatric medicine and related subspecialties who meet specified requirements will be eligible to receive enhanced reimbursement rates. This is effective for dates of service on and after January 1, 2013 through December 31, 2014. The actual implementation date is still yet to be determined pending CMS approval of TennCare's State Plan Amendment and the collection and processing of provider qualification information.

According to our records, [MCO] does **not** have you identified as being board certified in one of the eligible specialties/subspecialties to qualify for the PCP enhanced rate; therefore, if you meet the requirements, you **must** complete and return the attached attestation form.

**Please note the following key points:**

If you are board certified in an applicable specialty, please complete all related fields identifying the specific board specialty, dates and signatures. We will also notify our credentialing department accordingly.

If you are attesting based on the 60% claims threshold, please note this requirement applies to your total eligible Medicaid services, statewide, not at the individual MCO level.

If you supervise and are professionally responsible for mid-level practitioners in your office, you must complete all requested information for each in order for him/her to be eligible for the enhanced payment.

Continue to provide services to your [MCO] members and submit your claims as you do today. You will be reimbursed at your current contractual rates.

Watch for updates published in the [MCO] Provider Newsletter. [MCO] will communicate the effective date as soon as it is known.

In order to receive the enhanced rates retroactive to dates of service on and after January 1, 2013, we **must** receive your completed attestation form by July 15, 2013. For forms received after this date, payments will be adjusted retroactively only for dates of service on or after the date the form was received by [MCO]. Please note that if we receive incomplete forms, we will notify you; however, we cannot guarantee that you will be notified in time for you to return a completed form by the July 15, 2013 deadline.

For retroactive processing, you will **not** have to resubmit eligible claims. Once the implementation date is established, [MCO] will identify the eligible claims, based on the CPT codes noted in the regulations, and adjust payments to the greater of your contractual rates or the increased rate specified in the regulations and the CMS approved TennCare State Plan Amendment.

**Attachment C: MCO Notification 2**

Continue to visit [*URL for MCO web site*] for updated information, as well as [www.medicaid.gov](http://www.medicaid.gov).

Thank you for your assistance in providing the best quality care for our members.

**(MCOS ADD OWN CLOSING STATEMENTS PROVIDING CONTACT INFORMATION FOR QUESTIONS.)**

**Primary Care Physician Enhanced Rates  
General Notice**

May 3, 2013

In accordance with Section 1202 of the Affordable Care Act, qualified Medicaid primary care providers practicing in family medicine, general internal medicine, pediatric medicine and related subspecialties who meet specified requirements will be eligible to receive enhanced reimbursement rates. This is effective for dates of service on and after January 1, 2013 through December 31, 2014. The actual implementation date is still yet to be determined pending CMS approval of TennCare's State Plan Amendment and the collection and processing of provider qualification information.

[MCO] has prepared and sent notices to providers that have been identified in one of the eligible specialties/subspecialties that may qualify for the PCP enhanced rate. If you have received one of these notices, **PLEASE READ IT CAREFULLY** and follow any instructions that are contained therein.

If you have not received a notice from [MCO] by May 15, 2013 and think you qualify, please visit our website at [URL for MCO web site] for the information and forms you must complete and return in order to receive the enhanced rates.

**Please note the following key points:**

If you are board certified in an applicable specialty, please complete all related fields on the Attestation Form identifying the specific board specialty, dates and signatures. We will also notify our credentialing department accordingly.

If you are attesting based on the 60% claims threshold, please note this requirement applies to your total eligible Medicaid services, statewide, not at the individual MCO level.

If you supervise and are professionally responsible for mid-level practitioners in your office, you must complete all requested information on the Attestation Form for each in order for him/her to be eligible for the enhanced payment.

Continue to provide services to your [MCO] members and submit your claims as you do today. You will be reimbursed at your current contractual rates.

Watch for updates published in the [MCO] Provider Newsletter. [MCO] will communicate the effective date as soon as it is known.

In order to receive the enhanced rates retroactive to dates of service on and after January 1, 2013, we **must** receive your completed attestation form by July 15, 2013. For forms received after this date, payments will be adjusted retroactively only for dates of service on or after the date the form was received by [MCO]. Please note that if we receive incomplete forms, we will notify you; however, we cannot guarantee that you will be notified in time for you to return a completed form by the July 15, 2013 deadline.

For retroactive processing, you will **not** have to resubmit eligible claims. Once the implementation date is established, [MCO] will identify the eligible claims, based on the CPT codes noted in the

**Attachment D: MCO Notification 3**

regulations, and adjust payments to the greater of your contractual rates or the increased rate specified in the regulations and the CMS approved TennCare State Plan Amendment.

Continue to visit [*URL for MCO web site*] for updated information, as well as [www.medicaid.gov](http://www.medicaid.gov).

Thank you for your assistance in providing the best quality care for our members.

**(MCOS ADD OWN CLOSING STATEMENTS PROVIDING CONTACT INFORMATION FOR QUESTIONS.)**

**Primary Care Physician Enhanced Rates**

In accordance with Section 1202 of the Affordable Care Act, qualified Medicaid primary care providers practicing in family medicine, general internal medicine, pediatric medicine and related subspecialties who meet specified requirements will be eligible to receive enhanced reimbursement rates. This is effective for dates of service on and after January 1, 2013 through December 31, 2014. The actual implementation date is still yet to be determined pending CMS approval of TennCare's State Plan Amendment and the collection and processing of provider qualification information.

TennCare MCOs have prepared and sent notices to their contracted providers that have been identified in one of the eligible specialties/subspecialties that may qualify for the PCP enhanced rate. If you have received one of these notices, **PLEASE READ IT CAREFULLY** and follow any instructions that are contained therein. **(If you also bill TennCare for Medicare/Medicaid crossover payments, your MCO will provide us with your qualifying information.)** If you have **NOT** received a notice from the TennCare MCO(s) you are contracted with by May 15, 2013 and think you are eligible, please contact each of the MCOs you are contracted with or visit their website to obtain their MCO specific Attestation Form and instructions.

<b>MCO</b>	<b>Website</b>	<b>Provider Services</b>
AmeriGroup	<a href="https://providers.amerigroup.com/pages/tennessee-pcprate.aspx">https://providers.amerigroup.com/pages/tennessee-pcprate.aspx</a>	(800) 454-3730
BlueCare	<a href="http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/Programs-Services-and-FAQs.html">http://bluecare.bcbst.com/Providers/Provider-Education-and-Resources/Programs-Services-and-FAQs.html</a>	(800) 468-9736
UnitedHealthcare Community Plan	<a href="http://www.uhccommunityplan.com/health-professionals/TN/provider-information">http://www.uhccommunityplan.com/health-professionals/TN/provider-information</a>	(800) 690-1606

**IF you do not bill or do not have a contract with an MCO** but you bill TennCare directly for Medicare cross over payments and think you qualify, please complete the TennCare Attestation Form for Crossover ONLY Providers at [www.tn.gov/tenncare/forms/TN1202Self-AttestationForm.pdf](http://www.tn.gov/tenncare/forms/TN1202Self-AttestationForm.pdf) in order to receive the enhanced rates. Go to [www.tn.gov/tenncare/forms/TN1202Self-AttestationFormExample.pdf](http://www.tn.gov/tenncare/forms/TN1202Self-AttestationFormExample.pdf) to see an example on how to fill out the Attestation Form.

**Please note the following key points:**

If you are board certified in an applicable specialty, please complete all related fields on the Attestation Form identifying the specific board specialty, dates and signatures.

If you are attesting based on the 60% claims threshold, please note this requirement applies to your total eligible Medicaid services, statewide.

If you supervise and are professionally responsible for mid-level practitioners in your office, you must complete all requested information on the Attestation Form for each in order for him/her to be eligible for the enhanced payment.

In order to receive the enhanced rates retroactive to dates of service on and after January 1, 2013, we **must** receive your completed attestation form by July 15, 2013. For forms received after this date, payments will be adjusted retroactively only for dates of service on or after the date the form was received by an MCO or TennCare (if you are not contracted with an MCO). Please note that if incomplete forms are received, you will be notified; however, we cannot guarantee that you will be notified in time for you to return a completed form by the July 15, 2013 deadline.

For retroactive processing, you will **not** have to resubmit eligible claims. Once the implementation date is established, MCOs and TennCare will identify the eligible claims, based on the CPT codes noted in the regulations, and adjust payments to the greater of your contractual rates or the increased rate specified in regulation and the CMS approved TennCare State Plan Amendment.

***Attachment E: TennCare Notification***

**IF YOU HAVE A CONTRACT WITH A TENNCARE MCO, PLEASE FOLLOW THEIR INSTRUCTIONS CAREFULLY.**

**If you contract with more than one TennCare MCO, you must follow the instructions provided by each MCO and complete the Attestation Form provided by your MCO. However, if you contract with at least one TennCare MCO AND file Medicare Crossover claims with TennCare, you do NOT have to take any further action directly with the Bureau of TennCare as we will obtain your qualifying information from your MCO.**

To see the Medicare Primary Care Provider Enhanced Rates that apply to Qualified Providers for the specified procedure codes that will be effective January 1, 2013 through December 31, 2014 go to [www.tn.gov/tenncare/forms/TNPrimaryCarePaymentRates.pdf](http://www.tn.gov/tenncare/forms/TNPrimaryCarePaymentRates.pdf).

Continue to visit your MCO's website or [www.tn.gov/tenncare](http://www.tn.gov/tenncare) for updated information, as well as [www.medicaid.gov](http://www.medicaid.gov).

Thank you for your assistance in providing the best quality care for our members.