



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Executive Office of Health and Human Services

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MEMORANDUM

FROM: Elena Nicolella, Rhode Island Medicaid Director
TO: The Rhode Island Primary Care Provider Community
RE: Summary of Rhode Island Medicaid's 2013-2014 Primary Care Rate Increase
DATE: December 28, 2012

In order to increase access to primary care services for Medicaid members, the Patient Protection and Affordable Care Act (ACA) contains a provision directing state Medicaid agencies to increase certain payments to primary care providers. Under this provision, primary care physicians with specialty designations of pediatric medicine, family medicine, and/or general internal medicine will receive increased Medicaid payment for certain Evaluation and Management (E/M) and vaccine administration services. Payments will be increased to match the Medicare payment rate for applicable services rendered to Medicaid members between dates of service January 1, 2013 and December 31, 2014. The federal government will fully finance the difference between the 2009 state Medicaid payment rate and the current year Medicare rate during these 2 years. This program will apply to practitioners in RItCare and Rhody Health Partners as well as fee-for-service Medicaid.

The final details of this program are being worked out by Medicaid and our RI Medicaid Managed Care Organizations, Neighborhood Health Plan of Rhode Island and United Health Care. To keep the RI provider community informed while the program is finalized, here is some important information:

- Although the program technically begins on January 1, 2013, the final rule guiding implementation was only recently furnished to states. States now have until March 31, 2013 to develop their program and submit it for federal approval. Given this timeline, payments to providers will not begin in January, 2013. However, for eligible providers, payments may be made retroactive to January 1, 2013.
- Under the proposed rule, physicians who are board certified in pediatric medicine, family medicine, and/or general internal medicine and their associated nurse practitioners and physician assistants will be eligible for the payment increase. Subspecialists boarded under the subspecialties of pediatrics, internal medicine, and/or family medicine recognized by the American Board of Medical Specialties (ABMS) would also be eligible, as well as those recognized by the American Board of Physician Specialties (ABPS) and the American Osteopathic Association (AOA). In addition, a physician practicing one of these specialties who is not Board certified is

eligible if they analyze their billing activity and provide data showing that at least 60% of the Medicaid codes billed for calendar year 2012 are for the E/M and vaccine administration services specified in the proposed rule.

- To receive this increased reimbursement, physicians MUST REQUEST this reimbursement and ATTEST that they meet the qualifications outlined in #1 above. Medicaid and our managed care partners are working on a coordinated system that will use the Medicaid provider web site to centralize the self-attestation process and make it as streamlined as possible. Further details on the attestation process and web site will be made available as it is developed. **To receive the full benefit of this program, please plan to self-attest as to your eligibility by March 31, 2013**
- Medicaid is required to audit a certain percentage of providers to verify the accuracy of the self-attestations.
- If you are not board certified and fall under the 60% eligibility rule, Medicaid will verify your self-attestation by reviewing 2012 billing for all your Medicaid patients across all plans.
- Increased payments may be received as part of the regular claims payment process, or may be distributed in periodic, retrospective lump sum payments. The feasibility of these two strategies is being examined by Medicaid and our MCOs.
- For payments related to services for Medicaid managed care members, payments will come directly from the MCO. Payments for Medicaid fee-for-service members will come from the state.
- The Medicaid agency and our partner MCOs are in the process of arranging a series of face-to-face meetings with RI Medicaid providers in early 2013 to furnish additional information. We will provide details about the self-attestation procedures as soon as they become available.

Under the ACA, the federal funding for the rate increase is currently available only for services provided from January 1, 2013 through December 31, 2014. While an extension of the program past that date may prove desirable, such an extension would likely be tied to documented improvements in access and quality of primary care achieved in this initial period. Funding for any extension of this program is unlikely to come from federal sources.

- To view the full rule, visit: <https://www.federalregister.gov/articles/2012/11/06/2012-26507/rin-0938-aq63>

Rhode Island Medicaid, the Executive Office of Health and Human Services, and our managed care partners look forward to working with you to smoothly implement this program, and to enhancing the availability and quality of primary care services available to our beneficiaries.