

SET III
Increased Medicaid Payment for Primary Care
AHCCCS Frequently Asked Questions (non-vaccine related)

Date: 07/31/2013

Q1	Does a Physician’s board certification in one of designated specialties or subspecialties need to be current for the dates of service for which s/he is claiming a higher payment?
A1	Yes-- the physician’s certification must be current and active on the date of the service when the physician is claiming the higher payment.
Q2	Will AHCCCS notify the physician if the board certification date on file is expiring?
A2	Yes—The Provider Registration Unit will send a notice and request for update 45 days prior to the expiration date of the board certification.
Q3	What if there is a lapse between the expiration date and the date that the new certification information is successfully received by the Provider Registration Unit?
A3	The physician cannot be reimbursed the higher rate for the timeframe that is lapsed between the current end date on file and the date that the required (new) information for a successful attestation is received by the Provider Registration Unit. For electronic submissions, the date that the required information and completed attestation from the provider is processed by the Provider Registration Unit is considered the date of receipt; for submissions by mail, the date that the Provider Registration Unit receives the required information and completed attestation is the date of receipt.
Q4	What if the physician opts not to renew the current board certification?
A4	If the physician chooses not to renew board certification, the physician may consider submitting an attestation if s/he qualifies under the 60% rule. The physician, who must be engaged in the practice of one of the specialties or subspecialties approved by CMS, may attest to the submission of claims for services provided to Medicaid members during calendar year 2012 for which 60% of the CPT codes reported are E/M and/or vaccine administration codes described as eligible services.
Q5	What if there is a lapse between the certification expiration date and the date that the physician attests to the 60% rule?
A5	The physician cannot be reimbursed the higher rate for the timeframe that is lapsed between the current certification end date on file and the date that the physician successfully attests to the 60% rule. Refer to A3 regarding receipt of the new or updated attestation by the Provider Registration Unit.
Q6	What if there is a lapse between the expiration date and the date that the new certification information is successfully received by the Provider Registration Unit AND The eligible physician also has a Nurse Practitioner (NP) and/or a Physician Assistant (PA) under his/her supervision who is also approved for the higher reimbursement rate?
A6	The NP or PA cannot be reimbursed the higher rate for the timeframe that is lapsed between the current end date on file and the date that the required information for a successful attestation is received for the eligible physician by the Provider Registration Unit. Refer to A3 regarding receipt of the new or updated attestation by the Provider Registration Unit.
Q7	Do I need to send a copy of my board certification?

A7	Due to new clarification from CMS, providers who have attested will be requested to provide copies of their board certification.
Q8	When are providers eligible for enhanced Primary Care Services payments?
A8	It depends. For successful attestations received by April 30, 2013, enhanced payments will be retroactive for eligible services for dates of service beginning January 1, 2013. For successful attestations received after April 30, 2013, enhanced payment for eligible services will begin with the date of successful attestation as defined in A9.
Q9	What is the definition of the successful attestation date?
A9	The successful attestation date is the date the attestation is successfully processed in the system if received electronically; and if received by mail, the date the successful attestation is received by AHCCCS.
Q10	How is the enhanced payment going to be reflected on my remittance?
A10	<i>For payments where AHCCCS Fee For Service (FFS) is the payer:</i> The FFS remittance advice will show the original paid dollars and the enhanced payment adjustment amounts. <i>For payments where an MCO is the payer:</i> The specifics for the payment/remit code to indicate retroactive payment on the EOB/Remit may vary by AHCCCS Contractor. You may wish to check with your contracted health plan for further information.
Q11	What if my attestation is not considered successful?
A11	If attesting on-line you will receive an error message, advising you to email OIGProvider@ahcccs.gov for assistance.
Q12	What if my attestation is successful but I don't see enhanced payments?
A12	The AHCCCS Contractor is responsible for ensuring that its payment system accurately reflects the information that was received from AHCCCS and that the enhanced payment to the provider is consistent with this information. If the AHCCCS Contractor does not make the proper payment to the physician based on the information provided from AHCCCS, or fails to make any payment at all, the provider may file a claim dispute with the AHCCCS Contractor challenging the payment amount. If billing Fee For Service, contact Claims Customer Service at: <ul style="list-style-type: none"> • Within Maricopa County 602-417-4232 • Statewide 1-800-654-8713 ext. 74232