



State of New Mexico  
Medical Assistance Program  
**Supplement**



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**TO:** PROVIDERS PARTICIPATING IN THE NEW MEXICO MEDICAID PROGRAM

**FROM:** JULIE B. WEINBERG, DIRECTOR, MEDICAL ASSISTANCE DIVISION

*NSA for JWB*

**SUBJECTS:** I. **UPDATED INFORMATION: PAYMENT RATES FOR PRIMARY CARE PROVIDER SERVICES**  
II. **ATTESTATION**  
III. **UPDATED REQUIREMENTS**  
IV. **EFFECTIVE DATES OF PAYMENTS**

**I. UPDATED INFORMATION: PAYMENT RATES FOR PRIMARY CARE PROVIDER SERVICES**

In early 2013, the New Mexico Medicaid program issued two Medical Assistance Division (MAD) policy supplements related to primary care payment Affordable Care Act (ACA) requirements: Supplement 13-01, *“Increase in Payment Rates for Primary Care Provider Services and Vaccination Reimbursement”*, was issued on January 15, 2013 and Supplement 13-03, *“Updated Information: Increase in Payment Rates for Primary Care Provider Services and New Vaccination Reimbursement Information,”* was issued on February 19, 2013. Both supplements contained guidance related to section 1202 of the ACA that requires payment by State Medicaid agencies of at least the Medicare rates in effect in calendar years (CYs) 2013 and 2014 for primary care services delivered by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine. Providers are especially urged to review Supplement 13-03, available on the MAD website at <http://www.hsd.state.nm.us/uploads/files/Providers/Resources/Supplements/13-03%20Primary%20Care%20Increase%20Feb%202013.pdf>

Providers are also encouraged to continue to check the CMS Medicaid website for further updates on this topic at <http://www.medicaid.gov/AffordableCareAct/Provisions/Provider-Payments.html>

This supplement serves as notice of the intent of MAD to continue to implement federal requirements and provides further clarification and instructions to providers regarding what must be done in order to receive the increased payment.

## **II. ATTESTATION**

The ACA specifies that the increased payment applies to primary care services delivered by a physician who self-attests that he or she meets one or both of the below requirements, or by a qualified physician extender practicing under the direct supervision of a physician who accepts professional responsibility and who also meets the requirements for the primary care increase.

A provider may be eligible for the primary care increase in either of two ways:

- A provider board certified in family medicine, internal medicine, or pediatric medicine by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA), including any subspecialty of those designations; if the provider also attests that he or she is practicing in that board certified specialty; or
- If not board certified as indicated above, the provider can attest to practicing in the specialty areas of family medicine, general internal medicine, or pediatric medicine, and that specific primary care evaluation and management (E&M) services and vaccine administration services are at least 60 percent of the procedure codes he or she has billed the Medicaid program (fee for service and managed care programs, combined) during the most recent calendar year (2012); or, for newly eligible physicians, the prior month.

The American Board of Medical Specialties recently attested to the Centers for Medicare and Medicaid Services (CMS) that the American Board of Allergy and Immunology (ABAI) is a sub discipline of the American Board of Pediatrics and the American Board of Internal Medicine; therefore, these providers (board-certified allergists) are also eligible for the increased payment.

Whether a provider participates as a Medicaid fee for service provider, a Medicaid managed care provider, or both, it is only necessary to send the attestation form to MAD, to the address indicated on the attestation form.

### **III. UPDATED REQUIREMENTS**

Providers attesting as physician extenders must notify the Medical Assistance Division within 30 days of changes in the working relationship with supervising physicians. These providers may contact Ellen Maestas-Waller in the MAD Program Policy and Integrity Bureau at (505) 827-1305 or [Ellen.Maestas-Waller@state.nm.us](mailto:Ellen.Maestas-Waller@state.nm.us)

Providers newly enrolling in Medicaid for calendar years 2013 and 2014 must have a month of billed or paid Medicaid claims prior to attesting to 60 percent of claims are eligible evaluation and management and vaccination administration procedure codes.

Attestation forms lacking required information and deemed incomplete will not be considered complete until all required information is received. The payment date will be determined by the date all required information is received, not the original attestation date.

### **IV. EFFECTIVE DATE OF PAYMENTS**

A new Medicaid provider will be paid for eligible claims no earlier than their Medicaid provider enrollment effective date.

Providers who are newly board certified will be paid for eligible claims no earlier than the effective date of their board certification.

In order to receive payment for the full calendar year 2013, fully completed and accurate attestation form must be received by March 31, 2014.

In order to receive payment for the full calendar year 2014, fully completed and accurate attestation forms must be received by August 31, 2014.

The payment for fully completed and accurate attestation forms received between September 1, 2014 and December 31, 2014 will be paid from July 1, 2014 through December 31, 2014.

New attestation forms or missing required information for previously submitted attestation forms received after December 31, 2014 will not be considered for payment.

If you have questions regarding the above information, you may contact the Medical Assistance Division Program Policy and Integrity Bureau at (505) 827-3171.

We appreciate your participation in the Medicaid program.