

**OPPORTUNITY TO COMMENT ON**  
**2015 PRIMARY CARE PROVIDER ENHANCED**  
**PAYMENTS**

Comments may be submitted through April 20, 2015,  
As indicated at the bottom of the notice below

The New Mexico Human Services Department Medical Assistance Division (MAD) is providing this notice for the purpose of receiving comments on proposed rate increases for some primary care providers who provide primary care services.

The New Mexico Medicaid program will extend the primary care increase as defined in section 1202 of the Affordable Care Act (ACA) which amended sections 1902(a) (13), 1902(jj), 1905(dd) of the Social Security Act as it has been in place for 2013 and 2014. MAD intends to continue this program through 2015 and beyond using the Medicare fee schedule in effect for dates of service for January 1 for each of the extension years as the primary care payment rate. Once approved by the Centers for Medicare and Medicaid Services (CMS) the rate increases for the primary care services will be implemented effective January 1, 2015, if permitted by Centers for Medicare and Medicaid Services (CMS), or later as approved by CMS.

The applicable codes and proposed fee schedule amounts may be found on the HSD/MAD website by going to: <http://www.hsd.state.nm.us/providers/fee-schedules.aspx> At the website, accept the terms and conditions of using the site, scroll down to Proposed Fee Schedules or Rates and then see the posting titled: PCP Schedule Rate Increase for Selected Codes 1.2015.pdf

Providers may review the previous supplements issued on this topic by MAD for general information regarding the attestation requirements for an explanation of how the increase was implemented and managed for 2013 and 2014. These supplements, numbered 14-01, 13-03, and 13-01, may be viewed on the MAD website at [http://www.hsd.state.nm.us/providers/Registers\\_and\\_Supplements.aspx](http://www.hsd.state.nm.us/providers/Registers_and_Supplements.aspx)

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: (1) 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 (2) 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 prior calendar year (2014); or, for new providers, the prior month.

The American Board of Medical Specialties informed 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.

**Attestation Requirements:**

For 2015 and subsequent years (the extension years) of the increased payments, New Mexico Medicaid will continue to follow the provider qualifying circumstances as described above, and in 42 CFR 447.400(a) and used for the 2013 and 2014 increased payment program for a provider attesting by June 30, 2015. Providers attesting by June 30, 2015 will receive increased primary care payments for dates of service retroactive to January 1, 2015. A provider who is attesting after June 30, 2015, will receive increased primary care payments for dates of service as of the first day of the month following the date the attestation is accepted by MAD, unless the provider is renewing an attestation that expired in 2015 and filed the attestation within 90 days of the expiring attestation. New Providers and Providers Attesting for the First Time: Any provider not having an approved attestation in effect on December 31, 2014 must file a new attestation and be approved prior to receiving PCP enhanced payments for 2015. Any provider attesting for the first time for 2015 or subsequent years will not receive PCP enhanced payments for 2013 or 2014.

**Board Certification:**

New Mexico Medicaid-enrolled providers who attested and were approved for the 2013 and/or 2014 primary care provider (PCP) enhanced payments whose attestation is still in effect on December 31, 2014, who qualified because they met the board specialty requirements, and who continue to be an approved provider for the New Mexico Medicaid program, will continue to receive PCP enhanced payments for 2015 and subsequent years until their board certification expires, at which point they will be required to submit documentation of their renewed board certification if the state agency cannot verify their renewal with their board.

**Sixty Percent Claims Threshold:**

To facilitate provider attestation for 2013 and 2014, MAD produced reports that measured the percent of the provider's Medicaid billing history, including both fee for service and managed care paid claims. These reports showed the percent of the provider's billing that was for the primary care E&M procedure codes, including vaccinations, as a percent of all claims. MAD will perform this same calculation based on 2014 claims for providers whose approved 2013/2014 attestation was still in effect on December 31, 2014. Any currently attested provider who continues to be an approved provider for the New Mexico Medicaid program will continue to receive the PCP increased payment for 2015 and subsequent years because of their previous attestation and agency approval as long as the provider continues to meet the threshold percentage of 60% primary care codes. This calculation will be performed again in each of the subsequent years in which the increased payment program is in

effect. Any currently attested provider who does not meet the 60% threshold requirement will be notified that he or she must re-attest and must be re-approved as meeting the criteria in order to receive the PCP enhanced payment for 2015 and subsequent years. This same process will be performed each year that the PCP enhanced payment program continues subsequent to 2015.

Increased payment for primary care services is limited to providers who have enrolled as approved providers for the Medicaid fee for service program, the Medicaid managed care programs, or both.

**Provider Qualifications:**

Providers not previously allowed to qualify for the enhanced primary care payment increase per 42 CFR 447.400(a) will not be allowed to receive enhanced payments in 2015 or subsequent years, including: Providers whose services are reimbursed on the basis of an encounter rate, such as federally qualified health centers, rural health clinics, Indian health service and tribal 638 facilities, unless the service was paid at a fee schedule rate. Physician extenders, identified as physician assistants, certified nurse practitioners, pharmacist clinicians, and certified nurse midwives are not allowed to qualify unless their supervising physician attests to practicing in one of the specialty designations and qualifies with a board certification or meets the 60% primary care threshold. In the attestation, the supervising physician must accept professional responsibility and legal liability for the extenders as verified on the attestation form. The supervising physician must identify his or her NPI number and the form must have the supervising physician's signature.

The increase in expenditures to the Medicaid Program is anticipated to be \$ 21,000,000 annually, including costs under managed care plans, of which approximately 70% will come from federal matching funds. This change is being made following a review of the sufficiency of current reimbursement rates. Should the Department revise the proposed increase based on comments received; the Department will make retroactive payment adjustments as appropriate.

**Comments:**

Recorded comments may be left at (505) 827-7743. Interested persons may also address comments via electronic mail to: [cecelia.salazar@state.nm.us](mailto:cecelia.salazar@state.nm.us). Written mail, electronic mail and recorded comments must be received no later than 5 p.m. MDT on April 20, 2015.