

Blast Communication!

**Medicaid Announces Policy for Attestation to Receive Increased Rates;
Limited to “New Licenses” After January ’15”; Deadline
is 1-31-17; Others are Ineligible**

Dear Colleagues:

As many of you are aware, those providers who did not go through the attestation process for the ACA increase in 2013 or 2014 have so far not been eligible to recent the recent Medicaid fee increases. Last week, the Department of Community Health (DCH) posted a banner message on the Attestation process and the ability to receive the enhanced payments. The policy will allow Physicians who obtained a Georgia license with an effective date of on or after January 1, 2015 a limited opportunity to attest to receive the HB 751 Rate Increase. They must attest by January 31, 2017. This would accommodate providers moving into the state and medical school graduates, presumably.

Regrettably, also noted in the DCH message, is the statement that Physicians and physician extenders who did not attest in 2013 and 2014 and who also had a Georgia license prior to January 1, 2015, **are not eligible** to attest for the Rate Increase. The Georgia AAP is disappointed in this stance by the DCH, which we believe is unreasonable and denies the enhanced rates to many pediatricians & their NP’s and PA’s, who for a variety of legitimate reasons were unable to attest in ’13-’14. We will continue to advocate for the inclusion of all pediatric provides Medicaid providers in the recent HB 751 Rate Increase and will continue to keep members updated on this issue.

If you or your practice colleagues are effected by the above policy, please contact the Chapter office as we want to have these examples: at feskew@gaaap.org.

The full text of the DCH banner message follows:

Dear Physicians and Physician Extenders,

House Bill 751 increased reimbursement rates for select primary care and OB/GYN codes to 100 percent of the 2014 Medicare reimbursement rates. Effective December 1, 2016, the Department of Community Health (DCH) and Hewlett-Packard Enterprise (HPE) will implement an electronic HB 751 Rate Increase Attestation process for Physicians and Physician Extenders. Please note that paper attestations will not be accepted. The following Physicians and Physician Extenders are eligible for the HB 751 rate increase and are required to complete the electronic attestation process:

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Physicians and Physician Extenders who obtained a Georgia license with an effective date of January 1, 2015, or later and are enrolling in one of the following Categories of Service: Physicians (COS 430), Physician Assistants (COS 431), Nurse Midwifery (COS 480), or Nurse Practitioners (COS 740).

Physicians and Physician Extenders who have a Georgia license with an effective date prior to January 1, 2015, who did not previously attest under the Affordable Care Act Primary Rate Increase (calendar year 2013 and 2014) are not eligible to attest for the HB 751 Rate Increase.

Those providers who were eligible and who successfully attested under the Affordable Care Act Primary Rate Increase (calendar year 2013 and 2014) do not need to attest under the HB751 Attestation process. This group of providers will continue to receive the rate increase without any further actions required.

The HB 751 Rate Increase Attestation must be completed for EACH location for which the provider is enrolled and wishes to receive the increased reimbursement rate. Failure to submit the HB 751 Rate Increase Attestation for each location by the deadline noted below will result in the provider not receiving the rate increase at that location. Providers must attest at EACH location by following the instructions below and by selecting the applicable drop down box on the MMIS web portal.

The attestation submission timeframe for currently enrolled Physicians and Physician Extenders is December 1, 2016 through January 31, 2017. Claims mass adjustments will begin February 1, 2017. Failure to submit the HB 751 Rate Increase Attestation during the timeframe of December 1, 2016 through January 31, 2017 will result in the provider not receiving the rate increase for that particular location.

ONLINE ATTESTATION PROCESS: Physicians and Physician Extenders who are currently enrolled in Georgia Medicaid must log into the secure side of the MMIS web portal using their username and password. The Provider Rate Increase request panel will be located under the Provider Enrollment – Provider Rate Increase Request link on the MMIS web portal (www.mmis.georgia.gov). Physicians may attest for the rate increase either as being board certified or by certifying that at least 60 percent of their total Medicaid billings are E&M and/or vaccine administration codes. For those physicians who attested as “board certified”, they must be certified by the American Board of Physician Specialties (ABPS), the American Osteopathic Association (AOA) or the American Board of Medical Specialties (ABMS).

If you choose board certified, you will be required to upload the applicable valid and current board certification listed above with the submitted attestation. If you fail to upload the board certification or if you upload a board certification that is expired or invalid, your attestation will be denied and you will not be eligible for the rate increase. As noted above, providers must attest at EACH location. Providers may attest at each location by selecting the drop down box and attesting at each location.

NOTE: Physician Extenders must have a sponsoring physician and the provider ID number of the sponsoring physician must be in an active status and must be listed on the online attestation.

The applicable procedure codes may be found on the MMIS web portal, located at www.mmis.georgia.gov, under the Provider Notices tab. Look for the title “HB 751 Physicians and Physician Extenders Fee Schedules” and select the link.

Providers in FQHC/RHCs, public health departments, nursing homes, and practitioners participating in the Physician Upper Limit (UPL) program do not qualify for the HB 751- SFY 2016 PCP rate increase.

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NOTE: For purposes of tracking and categorizing the year-over-year increases, DCH uses specialty category of service codes to identify eligible providers. Please note these as they may appear on future communications, provider Remittance Advices, or on the provider's web portal record.

For the HB 751 increase, Physicians and Physician Extenders will be assigned specialties 556 and 557 respectively. Specialty 556 are Board-certified Physicians and Specialty 557 are non-board certified Physicians and Physician Extenders.

If you should need any assistance or clarification on the HB 751 Rate Increase Attestation process, please contact the HPE Provider Call Center at 1-800-766-4456.

Thank you for your continued participation in the Georgia Medicaid program.

Please contact the Georgia AAP office for further information.

Hugo Scornik, MD, FAAP
Chair, Medicaid Task Force

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