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

Initial Date: 4/4/2013

Q1	Will the physician who has successfully attested automatically be paid the higher rate for the designated services?
A1	No. Under Medicare and Medicaid principles, payment is made at the lesser of billed charges or the capped fee schedule rate. While the capped fee schedule rate will be changing for eligible providers, there is no change in the current reimbursement policy. In addition, under some circumstances, the higher rate may be paid retroactively. See Q4 below.
Q2	Is the relevant Medicare rate both the 'floor' and 'ceiling' for health plan payments to eligible providers for eligible services?
A2	No. The primary care enhanced rates do not represent a reimbursement floor or ceiling. For providers eligible for the enhanced rates, payment is made at the lesser of billed charges or the enhanced capped fee schedule rate. If the billed charges are greater than the enhanced capped fee schedule rate, contracted AHCCCS health plans may not pay less than the enhanced rates depending on their contractual arrangements with providers.
Q3	Will the Sequester CMS 2% reduction in the current Medicare rates effect the primary care enhanced rates and/or calculations?
A3	No. The primary care enhanced rates are not the same as the current Medicare rates, and are not dependent on the current Medicare rates. The Affordable Care Act specifies the method that must be used to calculate the primary care enhanced rates, and the method is not affected by the sequester.
Q4	Will the physician always receive retro-payments regardless of when s/he attests?
A4	No. Physicians who have successfully attested on or before April 30, 2013 will be paid the enhanced fee retroactively for dates of service from January 1, 2013 forward for all primary care eligible services. Physicians successfully filing the required Attestation on or after May 1, 2013 will be paid the enhanced fee on a going forward basis from the time the Attestation is received.
	Note: Claims are reimbursed using the lesser of logic noted in Q1.
	For the Primary Care Enhanced Fee Attestation Form and related information, go to the following link: Primary Care Provider Enhanced Fee Attestation Page
Q5	When will the primary care enhanced rate table be released?
A5	The table will be released after CMS has approved both the state plan amendment and AHCCCS methodologies. This could be as late as July or August 2013. Physicians should submit claims based on their costs or their usual and customary office fee schedule amounts.
Q6	When is it allowable for a Nurse Practitioner (NP) or a Physician Assistant (PA) to be reimbursed at the enhanced rate?
A6	NPs and PAs who practice under the supervision of a physician who is eligible for payment under the enhanced capped fee schedule are themselves eligible for enhanced payments.
	Physician Assistant:With respect to PAs, A.R.S. §32-2501 defines "supervision" as "a physician's opportunity or ability to provide or exercise direction and control over the services of a physician assistant. Supervision does not require a physician's constant physical presence if the supervising physician is or can be easily in

contact with the physician assistant by telecommunication.

This definition of "supervision" does not require that the supervising physician be physically present. However, the supervising physician must be available to be contacted by the PA at any time the PA believes it is necessary to do so.

Nurse Practitioner:

CMS has explicitly stated that NPs who practice independently are not eligible for the enhanced payments, even if state law permits such independent practice. AHCCCS will not apply a more restrictive standard for the supervision of NPs than required for PAs. Therefore, physicians eligible for the payments under the enhanced capped fee schedule must identify the NPs they supervise in order for the NPs to qualify for the enhanced fees. The same definition of supervision will be applied to NPs.

Independently practicing NPs are not eligible for the enhanced capped fee schedule payments. Similarly, in the rare circumstances that an NP or group of NPs employs a physician, that physician cannot "supervise" the NP due to the physician's role as "employee" and the NPs role as "employer".