

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415

Primary Care Services as defined in section 1902 whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere, shall be reimbursed based on the North Carolina Affordable Care Act (ACA) Medicaid Fee Schedule.

Enhanced Affordable Care Act (ACA) Payments for Primary Care Services as defined in section 1902 with dates of service effective January 1, 2013 – December 31, 2014 will be reimbursed at no less than the Medicare Cost Share rates in effect January 1, 2013 – December 31, 2014 or, if greater, the Medicare Fee Schedule Resource Based Relative Value System (RBRVS) in effect as of July 1, 2009.

In accordance with 42 CFR 447.405(2)(b) for vaccines provided under the Vaccines for Children Program (VFC) in CYs 2013 and 2014, reimbursement must be the lesser of:

- (1) The Regional Maximum Administration Fee; or,
- (2) The Medicare fee schedule rate in CY 2013 or 2014

If no Medicare rate exists for a particular billing code, reimbursement shall be based on the January 2013 Medicare Fee Schedule Resource Based Relative Value System (RBRVS) and the 2009 conversion factor.

The ACA Primary Care Services fee schedule rates were set as of January 1, 2013 and are effective for services provided on or after that date and ending on December 31, 2014. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

Enhanced ACA Primary Care payments shall be made to eligible Primary Care Physicians with a specialty designation of family medicine, general internal medicine, or pediatric medicine or a subspecialty within those specialties recognized by the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), or the American Board of Physician Specialties (ABPS) who meets the following criteria:

- (1) Physicians must self-attest to a covered specialty or subspecialty designation.
- (2) ACA providers must specify that they either are Board certified in an eligible specialty or subspecialty and/or that 60 percent of their Medicaid claims for the prior year were for the E&M codes specified in the regulation.

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- (3) If attesting to Board Certification, the certification must remain valid for the entire time these supplemental payments are received by the physician.
- (4) Physician Assistants and Nurse Practitioners must identify their supervising physician who qualifies for the enhanced payment.
- (5) Payments will begin on or after January 1, 2013, but not prior to physician, physician assistant, or nurse practitioner's attestation. EXCEPTION: During this initial enrollment period, the payments will be paid for dates of service effective January 1, 2013 and later if the physician, physician assistant, or nurse practitioner enrolls on or before March 31, 2013.

Primary Care physicians enrolling in calendar year 2013 or 2014 without board certification with attestation will require verification of 60% billed and paid primary care services as defined in section 1902 for the prior month of calendar year 2012.

ACA physician's billing history will be reviewed at the end of 2013 and 2014 to confirm that 60 percent of codes billed and paid during CY 2013 and 2014 were primary care services eligible for payment under sections 1902(a)(13)(C) and 1902(jj) of the Act.

Federally Qualified Health Centers, Rural Health Centers, School Based Health Centers, Health Departments and CABHA providers are not eligible for enhanced primary care services payments.

There shall be no cost settlement for any Primary Care Services provider in any setting for these services reimbursed at the enhanced ACA rates.

These payments will terminate on December 31, 2014.

Reimbursement Template -Physician Services

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Attachment 4.19-B: Physician Services 42 CFR 447.405 Amount of Minimum Payment

The state reimburses for services provided by physicians meeting the requirements of 42 CFR 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

- The rates reflect all Medicare site of service and locality adjustments.
- The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.
- The rates reflect all Medicare geographic/locality adjustments.
- The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code: _____

Method of Payment

- The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.
- The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made: monthly quarterly

The state's rates were set using a state developed fee schedule based on the January 2013 release in conjunction with the 2009 conversion factor.

The state will adjust the fee schedule to account for any changes in Medicare rates throughout the year.

Primary Care Services Affected by this Payment Methodology

- This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.
- The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes). 99339, 99340, 99363, 99364, 99366, 99368, 99441, 99442, 99443, 99444, 99485, 99486, 99487, 99488, 99489, 99495, and 99496.
- The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added). 99224, 99225, and 99226 – effective January 1, 2011.

Physician Services – Vaccine Administration

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

- Medicare Physician Fee Schedule rate
- State regional maximum administration fee set by the Vaccines for Children program
- Rate using the CY 2009 conversion factor

Documentation of Vaccine Administration Rates in Effect 7/1/09

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

- The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is:_____.
- A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: _____.

Documentation of Vaccine Administration Rates in Effect 7/1/09 (continued)

Alternative methodology to calculate the vaccine administration rate in effect
7/1/09: _____

Note: This section contains a description of the state's methodology and specifies the affected billing codes. The State did not make payment as of July 1, 2011 for code 90460 and will not make payment for code 90460 under this SPA

Effective Date of Payment

E & M Services

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on but not prior to December 31, 2014. All rates are published at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on but not prior to December 31, 2014. All rates are published at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

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