January 17, 2013

2013 Primary Care Physician Rate Increase FAQ

In accordance with the Patient Protection and Affordable Care Act (ACA), certain physicians practicing primary care are eligible to receive increased Medicaid payments for primary care services provided to Medicaid eligible individuals. The federal government will fully finance the difference between the state Medicaid payment rate and the applicable Medicare rate during Calendar Years 2013 and 2014.

Who is eligible for the rate increase?

Physicians who self-attest to practicing primary care in one of the following specialty or subspecialty designations:

- pediatric medicine
- family medicine
- internal medicine
- subspecialists within the specialty designations listed above recognized by the American Board of Medical Specialties, the American Board of Physician Specialties, or the American Osteopathic Association

To qualify, physicians must be practicing primary care and must self-attest either:

- to being board certified with a specialty or subspecialty within at least one of the specialty designations listed above; or
- to working in the community practicing primary care and have 60% of paid Medicaid claims comprised of qualifying Evaluation and Management (E/M) and vaccine administration codes.

What does it mean to have a “specialty designation” in one of the specialties or subspecialties listed above?

You will be considered to have a “specialty designation” in one of the listed specialties or subspecialties if you are either board certified in that specialty, or if you practice that specialty in the community.

For example, you may be board certified in a non-eligible specialty such as surgery or dermatology, but practice in the community as a family practitioner. If your board certification is in a non-eligible specialty, you may be eligible for the primary care rate increase if a review of your claims history indicates that at least 60% of the Medicaid codes paid in Calendar Year 2012 or Calendar Year 2013 were for qualifying Evaluation and Management (E/M) and vaccine administration codes.

What if I have a board certification in one of the listed specialties or subspecialties, but I actually practice in a different field?

You should not self-attest to eligibility for higher payment if you do not actually practice in one of the listed primary care specialties or subspecialties. For more information please visit:
What if I am not board-certified?
You may still be eligible if you practice primary care in the community and a review of your claims history indicates at least 60% of the Medicaid codes paid in Calendar Year 2012 or Calendar Year 2013 were for Evaluation and Management (E/M) and vaccine administration codes.

Do primary care services delivered by non-physician practitioners incident to a physician service qualify for the enhanced payment?
Yes, but in order to ensure that eligible physicians receive the enhanced payment for these services, OMA will require that these services be billed under the supervising physician’s Medicaid provider enrollment number appended with the appropriate non-physician modifier. Services billed under a non-physician Medicaid provider enrollment number will not be eligible for the enhanced payment. Independently practicing non-physician providers are not eligible for the enhanced payment.

I am a family physician who is board certified by the American Board of Family Medicine (ABFM) but I do not have a certification number. The MITS online application asks for one. How do I attest that I am board certified?
Physicians who are board certified by ABFM and do not have a board certification number should enter “not applicable” in the board certification number field.

When will the rate increase be in effect?
The ACA mandates that states pay the rate increase for qualifying services provided beginning January 1, 2013 through December 31, 2014.

When will I begin receiving the enhanced payments?
Physicians who are approved by the OMA can expect to see increased payments beginning in April 2013 when OMA anticipates CMS will approve Ohio’s State Plan Amendment to implement the primary care rate increase. Qualified physicians approved by OMA who contract with a Managed Care Plan (MCP) will receive the enhanced payment directly from the MCP. These payments may be made retrospectively.

What do I have to do to apply to receive the enhanced payments?
Physicians MUST REQUEST the reimbursement by self-attesting that they are an eligible provider by applying through the MITS portal on Ohio Medicaid’s website. In order to register, applying physicians MUST have a current MITS account with an active login and PIN. Providers can apply beginning on January 1, 2013.

Physicians can access the MITS portal here:

Physicians who do not have a MITS account can sign up for one at:

Please Note: After setting up a new provider account and after clicking on the submit button, it may take the system up to 30 minutes for a new account to be activated

If additional assistance is needed regarding signing up for a MITS account, please call the Medicaid Provider Call Center at 1-800-686-1516 (Monday – Friday 8 a.m. to 4:30 p.m.). Please be sure to listen to the prompts carefully.
When will I know if I’m approved for the increase?
Verification of attestation will begin in mid-January. You will then receive an email stating whether you have been approved or denied for the enhanced payment.

What is the deadline to self-attest in order to receive the enhanced payments?
For physicians who self-attest from January 1, 2013 through January 26, 2013, the effective date for the enhanced payment, if approved, will be January 1, 2013. For approved self-attestations submitted January 27, 2013 or later, the effective date of the enhanced payment will be the date of self-attestation.

What if I contract with a Managed Care Plan – how do I apply and who will pay me?
Providers must still apply to receive the enhanced payment through the MITS portal by self-attesting that they are an eligible primary care provider. Once OMA verifies that a provider is eligible, the MCP will receive notification of a provider’s eligibility and the effective date of eligibility. The MCP will pay the provider the enhanced payment directly.