In accordance with Section 1202 of the Patient Protection and Affordable Care Act (ACA), Florida Medicaid will increase reimbursement rates to eligible physician providers for primary care services provided to Medicaid eligible recipients. The fee increase is effective for the dates of services from January 1, 2013 through December 31, 2014. Florida has taken the implementation steps relating to Section 1202 that it could take, given the need to wait for certain information from the federal Centers for Medicare & Medicaid Services (CMS) which CMS has not yet provided. Having said this, Florida is committed to implementing the primary care rate increases directed by federal CMS.

Florida Medicaid has prepared for the enhanced rates in the following ways:

- On January 2, 2013, Florida Medicaid submitted to CMS its Medicaid State Plan Amendment (SPA) to allow for the rate increase (CMS previously instructed states not to submit their amendments until after January 1st). The Agency submitted its SPA on a template provided by CMS. CMS has until April 2, 2013 to approve the SPA submitted by AHCA or ask additional questions about the submission. Once approved, the SPA will be effective on January 1, 2013.
- Florida Medicaid has modified its health plan contracts to require its managed care plans to reimburse their eligible providers for primary care services at the Medicare rates (or the rates calculated by federal CMS). However, CMS has released specific guidance which states that health plans are not required to make increased reimbursements to their qualifying providers until additional funding to do so is received from states. Florida Medicaid cannot provide additional funding to health plans until approved by CMS.
- Florida Medicaid implemented initial system adjustments to the Medicaid fiscal agent’s claims processing (FMMIS) system to allow for the rate increase, a process which cannot be finalized until CMS approves Florida’s SPA and physician self-attestation process. (To identify eligible providers for the enhanced rates, CMS requires each physician to self-attest that they are eligible. AHCA has prepared a draft attestation for use in implementing the FMMIS system adjustments and shared it with CMS to obtain CMS’ input.).
As soon as Florida Medicaid receives the Medicare fee schedule from federal CMS, it is prepared to issue a new fee schedule for the primary care services, provide notice to providers, and load the new rates into the fiscal agent's claims processing system, so that, once the attestations are completed, providers may be paid at the new rates.

Florida Medicaid cannot make the enhanced payments until federal funding is authorized. Federal CMS has notified states that funding will not be available until the state plan amendment and attestation procedures have been approved. Due to the still pending guidance, as well as required approval of amendments, delays in the enhanced payments may be significantly longer than originally estimated.

Florida Medicaid is prepared to implement the enhanced rate if and when the funds are made available.

For additional information on eligible providers, the self-attestation requirement, primary care services codes, and implementation under Medicaid managed care plans, please see below.

Eligible providers according to the ACA

Physicians who self-attest to a specialty designation of family medicine, general internal medicine, pediatric medicine, or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA). The physician then attests that he/she:

(1) Is Board certified with such a specialty or subspecialty; and/or

(2) Has furnished evaluation and management services, and vaccine administration services that equal at least 60 percent of the physician’s total Medicaid billing during the most recently completed calendar year or, for newly eligible physicians, the prior month. Please refer to the section entitled “Primary care service codes according to the ACA increase” on page 2 of this guide for primary care service codes applicable to the primary care physician rate increase.

According to information provided by the Centers for Medicare and Medicaid Services at http://www.medicaid.gov/, the websites of the following organizations currently list the following subspecialty certifications within each specialty designation:

American Board of Medical Specialties:

Family Medicine-Adolescent Medicine; Geriatric Medicine; Hospice and Palliative Medicine; Sleep Medicine; Sports Medicine

Internal Medicine-Adolescent Medicine; Advanced Heart Failure and Transplant Cardiology; Cardiovascular disease; Clinical Cardiac Electrophysiology; Critical Care Medicine; Endocrinology; Diabetes and Metabolism; Gastroenterology; Geriatric Medicine; Hematology; Hospice and Palliative Medicine; Infectious Disease; Interventional Cardiology; Medical Oncology; Nephrology, Pulmonary Disease; Rheumatology; Sleep Medicine; Sports Medicine; Transplant Hepatology

Pediatrics-Adolescent Medicine; Child Abuse Pediatrics, Developmental-Behavioral Pediatrics; Hospice and Palliative Medicine; Medical Toxicology; Neonatal Perinatal Medicine; Neurodevelopmental Disabilities; Pediatric Cardiology; Pediatric Critical Care Medicine; Pediatric Emergency Medicine; Pediatric Endocrinology; Pediatric Gastroenterology; Pediatric Hematology-Oncology; Pediatric Infectious Diseases; Pediatric Nephrology; Pediatric Nephrology; Pediatric Pulmonology; Pediatric Rheumatology; Pediatric Transplant Hepatology; Sleep Medicine; Sports
Medicine

**American Osteopathic Association:**

**Family Physicians—No subspecialties**

**Internal Medicine—Allergy/Immunology; Cardiology; Endocrinology; Gastroenterology; Hematology/Oncology; Infectious Disease; Pulmonary Diseases; Nephrology; Oncology; Rheumatology**

**Pediatrics—Adolescent and Young Adult Medicine; Neonatology; Pediatric Allergy/Immunology; Pediatric endocrinology; Pediatric Pulmonology**

**American Board of Physician Specialties (ABPS)**

The American Board of Physician Specialties does not certify subspecialists. Physicians who are Board certified in Internal Medicine, Family Practice, or Family Medicine Obstetrics qualify for the fee increase. Physicians certified in Family Medicine Obstetrics are certified first in Family Medicine, with additional certification in obstetrics. They practice as family practitioners and therefore qualify for the increase. Physicians certified in obstetrics by the American Board of Medical Specialties or the American Osteopathic Association do not qualify for the increase based on specialty status.

**Primary care service codes according to the ACA increase**

Primary care services designated in the Healthcare Common Procedure Coding System (HCPCS) are as follows:

1. Evaluation and Management (E&M) codes 99201 through 99499 (currently covered by Medicaid).

2. Current Procedural Terminology (CPT) vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474 (the Medicare rate equivalent to these codes will be applied similar to the current pricing methodology for Florida Medicaid vaccinations).

**Self-attestation requirement**

Physicians must request the reimbursement by self-attesting eligibility based on the above requirements.

Florida Medicaid cannot reimburse the increased amount until the self-attestation process is complete. The fee increase is effective January 1, 2013 and will provide retroactive reimbursement when all processes are in place and state plan amendment approval is received. Self-attestation instructions will be provided on the Florida Medicaid fiscal agent web portal. Providers are encouraged to check the fiscal agent frequently for updates [http://www.mymedicaid-florida.com/](http://www.mymedicaid-florida.com/).

**Fee schedule**

A fee schedule with the enhanced rates for the primary care services listed above will be posted in the next few weeks and will be effective January 1, 2013 for eligible providers.

**Managed care providers**
Florida Medicaid health plan contracts have been modified to comply with the fee increase.

LINKS

QUESTIONS ABOUT FLORIDA MEDICAID?
Please direct questions about Medicaid policies to your local Medicaid area office. The Medicaid area offices’ addresses and phone numbers are available on the Area Offices Web page.

ALERTS INFORMATION
The Florida Medicaid program has created an e-mail alert system to supplement the present method of receiving Provider Alerts information and to alert registered subscribers of "late-breaking" health care information. An e-mail will be delivered to your mailbox when Medicaid policy clarifications or other health care information is available that is appropriate for your selected area and provider type.

Visit the Florida Medicaid’s Health Care Alerts page to subscribe now. You may unsubscribe or update your subscription at any time by clicking on the "Manage your subscription" icon in the footer of each e-mail. Other questions regarding the e-mail alert system can be sent to the Florida Medicaid Alerts Administrator.

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