



Supplemental Payments for Eligible Primary Care Physicians Frequently Asked Questions

What providers are eligible for the supplemental payments?

Physicians who are enrolled in the Colorado Medicaid program and who practice primarily in family medicine, general internal medicine or pediatric medicine and who attest to meeting certain requirements are eligible.

1. Physicians must be board certified; or
 2. Physicians who provided 60 percent of Medicaid claims for E&M codes 99201 through 99499 or vaccine administration codes 99201-99499, 90460, 90461, 90471, 90472, 90473 and 90474. Supplemental payments only cover those services paid for by Colorado Medicaid.
- Physician assistants and advance nurse practitioners must be identified as being personally supervised by an eligible physician.
 - It is possible that a physician might maintain a particular qualifying board certification but practice in a different field. Services provided by a physician in these circumstances are not eligible for supplemental payment and the physician should not attest to eligibility for supplemental payments. Similarly, a physician board certified in a non-eligible specialty (for example, surgery or dermatology) who practices within the community as, for example, a family practitioner could attest to a specialty designation of family medicine, internal medicine or pediatric medicine and that 60 percent of their recent Medicaid claims submitted by or for them were for the E&M and vaccine administration services. Should the validity of that physician's self-attestation be reviewed by the state and found to be inaccurate, the supplemental payments made for these services would be recovered.

What services qualify for the rate increase?

- E&M codes that are part of Colorado Medicaid coverage between 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473, or their successor codes. Supplemental payments only cover those services paid for by Colorado Medicaid.

Do physicians practicing in FQHCs and RHCs qualify for the supplemental payment?

- No. The supplemental payments do not apply to services provided under another Medicaid benefit category such as clinic, FQHCs or RHCs.

Do supplemental payments apply to CHP+?

- No.

How do I self-attest?

- The online self-attestation tool is accessed through the [Provider](#) Web page.
- The supplemental payment cannot be made without evidence of self-attestation.

Can my clinic attest for me?

- No. Even if someone else makes the entries into the Web site page on your behalf, we will hold you personally responsible for your attestation.

If I practice for a clinic, do I submit my practitioner provider ID and NPI or those for the clinic for which I practice?

- Use your practitioner provider ID and NPI. You must attest that you meet the qualifications above.

When am I eligible for supplemental payments?

- If you self-attested before March 31, 2013, payments will be retroactive to January 1, 2013. If you attest after March 31, 2013, the supplemental payments will be for eligible services provided after the date of self-attestation.

How will I know if I filled out the form correctly?

- All attempts at attestation will be acknowledged by electronic mail. The acknowledgement will confirm that the attestation was accepted or will report what prevented the attestation from being accepted.

What if I filled out the attestation form and I forgot some information?

- You may re-attest with that information using the same Web page. We will define the payment start dates based on the first accepted attestation. Physicians who re-attest for the purpose of adding advanced practice professions that they supervise do not need to re-enter previously identified APPs.

Will payments be retro-active to January 2013?

- Yes, payments will be retro-active for services from physicians who attest before March 31, 2013 and for advanced practice professions who are identified by their supervising physician before March 31, 2013. For physicians that attest or advanced practice professions that are identified on or after March 31, 2013, the supplemental payments will be for eligible services provided from the date of self-attestation forward.

How much is the increase per procedure?

- The increase is the difference between the Colorado Medicaid rate and the Medicare rate. For the most used office visit codes the increase will be around \$25.

How often will payments be made?

- Payments will be made quarterly.

How do I get paid?

- The payments will be a supplemental payment distributed as other Medicaid reimbursement.

Is a state required to cover all of the primary care service billing codes specified in the regulation and then reimburse all qualified providers at the Medicare rate in Calendar Years 2013 and 2014?

- A state is not required to cover all of the primary care service billing codes if it did not previously do so. To the extent that it reimburses physicians using any of the billing codes specified in the final rule, the state must pay at the Medicare rate in Calendar Years 2013 and 2014.



¹For example if a cardiologist has a board certification in an eligible specialty or subspecialty (e.g. Internal Medicine/Cardiovascular Disease) and considers himself or herself an internal medicine specialist they would be eligible for the supplemental payment.

If a cardiologist board certified in one of the specialties not family medicine, internal medicine, or pediatric medicine considers himself or herself an internal medicine specialist and has 60% of his or her claims with Medicaid for E&M and vaccine administration services they would be eligible for the supplemental payment.

If a physician is board certified in family medicine but only practices as an obstetrics/gynecologist specialist they would not be eligible for the supplemental payment.

