Dear Provider:

On November 6, 2012, the Centers for Medicare and Medicaid Services (CMS) published a final rule (CMS-2370-F) titled, *Medicaid Program; Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration Under the Vaccines for Children Program*. In short, the rule, beginning January 1, 2013, and continuing through December 31, 2014, will allow the state to increase payments to qualifying physicians for E&M services up to the Medicare rates and also increase the VFC admin rate allowed.

The rule publication may be reviewed on the Federal Register page. The link is as follows:


As a reminder beginning January 1, 2013, and continuing through December 31, 2014, final rule CMS-2370-F will allow the state to increase payments to qualifying physicians for E&M services up to the Medicare rates and also increase the VFC admin rate allowed.

The enhanced rate will be available during the program period as noted above. In order to qualify for the enhanced rate, physicians must:

1. Provide self-attestation that they have a specialty designation in family medicine, general internal medicine, pediatric medicine or a sub-specialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA).

   OR,

2. A provider may qualify for the enhanced payment if 60% or more of all Medicaid services they bill (including Medicaid managed care environments) are for the following codes: 99201 - 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474.

These enhanced payments will not begin for a provider until the provider’s self-attestation is received and is complete. It is critical that you complete your self-attestation as soon as possible.

The attestation form can be accessed through the following link:

https://docs.google.com/a/utah.gov/spreadsheet/viewform?formkey=dG0wVnVZMXh2bmh3bTdDNE9CNmoxVWc6MQ
Providers qualifying under #1 above must also fax a copy of their board certification and any subspecialty certifications to (801) 536-0484 in order to complete the self-attestation. The fax cover sheet should include the provider’s name, NPI, and a contact phone number.

Providers that only serve Utah Medicaid Managed Care must still self-attest through this process as Utah Medicaid will collect all of this information. For new providers that enroll over time, Utah Medicaid Provider Enrollment will request self-attestation information with the enrollment packet. Please note that self-attestation to either of these criteria is subject to audit.

**VFC Enhanced Payments**

Qualifying providers may receive payments up to the new maximum allowed by the new rule.

**Payment Methods**

The details related to how these enhanced payments will be made are still being finalized with CMS. It is anticipated that these will be made as quarterly lump sum payment amounts to each qualifying provider based on their claims data.

For further information or clarification contact Medicaid Information at 1-800-662-9651 and reference Medicaid Information Bulletin, Interim November 2012, 12-120 “Physician and VFC Enhancement Payments.

Sincerely,

Health Plans Provider Relations Department