

**Affected Programs:** BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, BadgerCare Plus Core Plan, Medicaid

**To:** Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

## Reimbursement for Services Provided Under the Affordable Care Act Primary Care Rate Increase

This *ForwardHealth Update* outlines when and how eligible providers will receive reimbursement for the primary care rate increase for eligible services provided to eligible members under the Affordable Care Act.

As announced in the April 2013 *ForwardHealth Update* (2013-25), titled “Affordable Care Act Primary Care Rate Increase Portal Attestation,” effective for dates of service (DOS) from January 1, 2013, through December 31, 2014, certain providers who are identified as primary care practitioners may be eligible to receive a temporary rate increase for specified evaluation and management (E&M) services and vaccine administration services. This increase is provided for in 42 CFR 447.400(a), as instituted by the Affordable Care Act (ACA), and applies to services provided to members enrolled in fee-for-service and members enrolled in a state-contracted HMO.

This *Update* outlines when and how eligible providers will receive reimbursement for the primary care rate increase for eligible services provided to eligible members under the ACA.

### Eligibility Reminders

As a reminder, services that are eligible for the ACA Primary Care Rate Increase are those that meet **all** of the following criteria:

- Are E&M services (procedure codes 99201-99499) or vaccine services. (Refer to the Billing for Vaccine

Administration Services section of this *Update* for clarification on rate increase eligibility for vaccines and appropriate billing.)

- Are provided to a BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, BadgerCare Plus Core Plan, or Medicaid member.
- Are rendered by an attested physician or advanced practice provider. (For information on provider eligibility and attestation, refer to the Affordable Care Act Primary Care Rate Increase topic [topic #15337] in the Amounts chapter of the Reimbursement section of the Physician service area of the Online Handbook on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).)
- Have a DOS from January 1, 2013, through December 31, 2014.

Providers are reminded that in order to be eligible for reimbursement at the increased rate for services dating back to January 1, 2013, they are required to complete the Portal attestation by December 31, 2013. Providers who attest on or after January 1, 2014, will only be eligible for the rate increase beginning on the date of attestation going forward.

Providers who have received a letter confirming their attestation status do *not* need to take any further steps to receive the rate increase.

*Note:* Services eligible for the rate increase are submitted on a professional claim. Standard timely filing rules apply (refer

to the Exceptions to the Submission Deadline topic [topic #548] in the Requirements chapter and the Requirements topic [topic #549] in the Timely Filing Appeals Requests chapter of the Claims section of the applicable service area of the Online Handbook). The ACA Primary Care Rate Increase will also be applied to eligible services submitted on crossover claims. For all claims, providers are reimbursed at the lesser of their billed amount and the maximum allowable fee for the procedure, which includes the ACA Primary Care Rate Increase for eligible claims.

### **Billing for Vaccine Administration Services**

The vaccine administration procedure codes identified in 42 CFR 447.400(a) continue to be noncovered by Wisconsin Medicaid because reimbursement for both the vaccine (when appropriate) and the administration are included in the reimbursement for the vaccine procedure code. However, eligible providers will receive the increased reimbursement for vaccine administration services. Providers should continue to follow current Medicaid billing rules for vaccines and indicate the procedure code of the actual vaccine administered, not the administration code, on claims. Providers are required to indicate their usual and customary charge for the service with the procedure code.

### **New Explanation of Benefits Codes**

Providers may receive one of the following new explanation of benefits (EOB) codes related to the ACA Primary Care Rate Increase on their Remittance Advices (RAs).

<b>Explanation of Benefits</b>	
<b>Code</b>	<b>Description</b>
3024	Service met requirements for the ACA Primary Care Rate Increase.
3025	Service met requirements for the ACA Primary Care Rate Increase. However, this service qualifies for an enhanced Medicaid reimbursement rate, which is higher than the ACA Primary Care Rate Increase, so the enhanced Medicaid rate was applied.

### **Rate Increase Applied to Fee-for-Service Claims**

#### ***Reimbursement for Claims Received On and After October 13, 2013***

Effective for claims received on and after October 13, 2013, ForwardHealth will begin applying the ACA Primary Care Rate Increase to fee-for-service claims.

#### ***Adjustments to Eligible Claims Received Prior to October 13, 2013***

In mid-November, ForwardHealth will begin automatically adjusting fee-for-service claims and applying the increased rate for eligible services with DOS on and after January 1, 2013 (and submitted on claims received prior to October 13, 2013). Adjustments will be reflected as such on provider RAs.

*Note:* Due to the volume of adjustments necessitated by the rate increase, providers may not receive all reimbursements in one lump sum. ForwardHealth will be processing adjustments in batches, so providers may receive their reimbursements on more than one check date.

### **Rate Increase Applied to Claims for Services Provided to Members Enrolled in State-Contracted HMOs**

For eligible services provided to members enrolled in a state-contracted HMO, providers should continue to submit claims for the services to the member's HMO. The HMO will first reimburse at the normal rate for the service, per existing reimbursement policy. The HMO will then send claim information to ForwardHealth for ForwardHealth to determine the appropriate additional payment due to the rate increase. Beginning in November 2013, ForwardHealth will provide monthly reports to HMOs listing attested providers and the additional amounts to be paid to those providers for the preceding month due to the rate increase. Beginning in December 2013, the HMO will send this additional payment monthly to eligible providers.

Claims previously submitted to HMOs with DOS on and after January 1, 2013, will be adjusted in batches at the same time as fee-for-service claims. Reimbursements for the adjusted amounts will also be given to the HMOs in the same monthly reimbursement report and passed through the HMOs for return to providers.

If providers who are contracted with an HMO have questions or concerns regarding their reimbursements, they should contact the HMO directly and/or follow the HMO's standard grievance procedures.

### **Rates Will Be Updated in 2014**

Rates for the ACA Primary Care Rate Increase will be updated in 2014 when Medicare adjusts its annual fee schedule.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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