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DMAP Policy and Planning Section

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Authorized Signature

Issue Date: 02/14/2013

Topic: Medical Benefits

Subject: Provider announcement: DMAP now ready to accept self-attestations from Oregon primary care providers

Applies to:

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Aging and People with Disabilities
- Other (please specify): DHS and OHA staff and others identified on the APD, CAF, AMH and DMAP transmittal lists

Message:

DMAP will post the following [OHP Provider Announcement](#) and send it via eSubscribe. It explains that:

- A [Web form for submitting self-attestations](#) is now available for providers who would like to receive the enhanced fee-for-service rate;
- A [new Web page](#) is now available about the primary care reimbursement increase under Section 1202 of the Affordable Care Act, with links to the new form and other resources;
- DMAP will host two webinars ([Feb. 20](#) and [Feb. 21](#)) for providers about the rate increase and self-attestation process.

If you routinely answer provider calls and expect to get questions about the rate increase, please attend one of the webinars, or make sure to view it once we have it available as a video.

If you have any questions about this information, contact:

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Date: February 14, 2013

To: OHP fee-for-service primary care practitioners

From: Don Ross, Manager
Policy and Planning Section, DMAP

Subject: Attestation form now available – Attest to meeting CMS’s new primary care provider definition

As we [announced last month](#), providers who meet the new Centers for Medicare and Medicaid Services (CMS) definition of primary care provider would see an increased Medicaid reimbursement rate for two years under section 1202 of the federal Affordable Care Act (ACA).

Providers who bill the Division of Medical Assistance Programs (DMAP) can now self-attest to meeting the new definition and begin receiving the increased fee-for-service (FFS) reimbursement rate on or after April 1, 2013 (date contingent on federal approval).

Please Note: Providers who only bill an OHP health plan, but not DMAP, must attest with the health plan.

The [secure attestation form](#) is now available on the new [ACA Primary Care Reimbursement Changes](#) website. In addition to the attestation form, the new website also features a fact sheet and resources for more information.

Submit the attestation form as soon as possible

To receive the increased FFS primary care reimbursement rate, please submit the attestation form as soon as possible (allow three weeks for processing).

- To qualify for increased FFS payments retroactive to Jan. 1, 2013, providers must submit their attestation by Mar. 31, 2013.
- Only providers who attest using this form will qualify for the increased FFS rate.
- FFS claims will be processed at the new rates on or after April 1, 2013 (contingent on federal approval).

DMAP will apply the rates based on the dates qualified providers submit their attestations. Only services rendered on or after Jan. 1, 2013 qualify for the new rates:

Attestation submitted	Increased FFS rate will apply to qualifying services rendered on or after:
Jan. 1 to Mar. 31, 2013	Jan. 1, 2013
Apr. 1 to June 30, 2013	Apr. 1, 2013
July 1 to Sep. 30, 2013	July 1, 2013
Oct. 1 to Dec. 31, 2013	Oct. 1, 2013

Stay informed – Register for upcoming Webinars on February 20 or 21

Two free Webinars are scheduled later this month to discuss and answer questions about the 2-year rate increase. Topics will include FFS rate development, attestation and payment implementation.

- [Register for Wednesday, Feb. 20](#), 10 to 11 a.m.
- [Register for Thursday, Feb. 21](#), 10 to 11 a.m.

If you are unable to attend one of the above Webinars, you may view them on the training playlist of the [Oregon Health Authority YouTube channel](#). They will be posted as soon as possible after the end of each Webinar.

Questions?

If you have questions, please contact the Provider Services Unit at dmap.providerservices@state.or.us or call 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:00 p.m. and Friday 10 a.m. to 4:00 p.m. (phone lines closed 11:30 a.m. to 12:30 p.m. daily).

Thank you for your patience as we work toward implementing this federal provision. We greatly appreciate the care you provide to all Oregon Health Plan patients.

Help us improve future announcements:

[Click here](#) to answer six survey questions about this provider announcement.