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DMAP Policy and Planning Section

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Authorized Signature

Issue Date: 12/28/2012

Topic: Medical Benefits

Subject: Provider announcement - Primary care definition and rate change effective Jan. 1, 2013

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 distribute via eSubscribe. It tells providers about required changes to primary care provider reimbursement effective Jan. 1, 2013.

- At this time, there are no changes to how DMAP pays or defines primary care providers, and no action is required of providers.
- Once DMAP develops a form and process for providers to self-attest that they qualify to receive primary care reimbursement, we will let providers know.
- When the payment system is able to pay at the new rate for self-attesting primary care providers, DMAP will need to reprocess claims from Jan. 1 forward to pay at the new rate.

The week of Dec. 31, we will have a staff tool available to prepare for questions you may receive about this change. In the meantime, please refer to the informational links in the attached letter.

If you have any questions about this information, contact:

Contact(s):	Jean Hutchinson, DMAP Operations and Policy Analyst		
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Date: December 28, 2012

To: OHP fee-for-service primary care practitioners

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

Subject: Primary care provider definition and rate change effective January 1, 2013

We are writing to let you know that effective January 1, 2013, the Division of Medical Assistance Programs (DMAP) will change the definition of primary care practitioner to meet a new definition set by the Centers for Medicare and Medicaid Services (CMS). In addition, primary care practitioners who meet CMS's new definition will see an increase in Medicaid reimbursement rates.

Under the new definition, primary care practitioners include certain physicians with a specialty designation of family medicine, general internal medicine, or pediatric medicine; and nurse practitioners and physician assistants under these specialty designations who work under the supervision of a qualified physician.

OHP physical health plans (Fully Capitated Health Plans, Physician Care Organizations or Coordinated Care Organizations) and mental health organizations must also meet this requirement.

This requirement does not apply to Federally Qualified Health Centers, Rural Health Clinics, or tribal health centers (Indian Health Services or Tribal 638 facilities).

What this means to you

If you meet CMS's new definition of primary care practitioner, you will receive an increased rate for selected primary care evaluation and management (E/M) and vaccine services.

If you do not qualify under the new definition, you may no longer qualify for primary care reimbursement beginning January 1.

Please note that the higher rates cannot be paid until the payment system is ready. In addition, you will need to attest that you qualify for the higher rate under the new definition.

What should you do?

No action is required at this time. A form and process will be available soon that you can use to attest that you meet the new definition and are qualified to receive reimbursement at the new primary care rate. You will be notified as soon as the form and process are available.

In addition, updates will be made soon to the primary care definition, primary rate information, vaccine reimbursement information and attestation process in DMAP's Oregon Administrative General Rules (410 Division 120) and the rules for the Medical-Surgical Program (410 Division 130).

Why is this happening?

This change is required by the federal Affordable Care Act (ACA), as outlined in the [Federal Register/ Vol 77, No 215 published on November 6, 2012](#), and the [December corrections to the Federal Register](#).

For detailed information about this requirement, please see the Centers for Medicare and Medicaid Services Questions and Answers documents:

- [Information about fee-for-service reimbursement](#)
- [Information about managed care reimbursement](#)

Thank you for your support

Thank you for your patience and continued support as we work to implement this change. We appreciate all the services you provide to Oregon Health Plan clients.

Questions?

We will have more information available by the end of January as we receive further guidance from CMS. We will be better able to answer questions at that time. If you have any questions about this announcement now, please contact the Provider Services Unit.

Email: dmap.providerservices@state.or.us

Phone: 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).

Help us improve future announcements:

Answer six survey questions about this provider announcement at <https://survey.emp.state.or.us/cgi-bin/qwebcorporate.dll?idx=J2ESKJ>.