



1. Which Medicaid providers qualify for the increased primary care payment?

To be eligible for supplemental payments, providers must complete and submit an attestation form (PDF) to TMHP. The form is available on the TMHP website. Only physicians who meet the specialty and board certification or Medicaid billing volume requirements described on the attestation form are eligible for supplemental payments.

2. Will health plans need to collect attestation forms or verify providers are qualified?

No. TMHP will collect the attestation forms and verify provider qualifications. Health plans will be responsible for passing payments through to providers that are on the file HHSC provides to each plan.

3. What is the cutoff date when providers must attest by to receive retro-active payments back to January 1, 2013?

Physicians who complete the form before April 1, 2014, will qualify for rate increase payments for services provided since January 1, 2013. Providers who complete the form after April 1 will get the rate increase payments only for services provided from the date they completed the form. Note: The state will use the original date a form is submitted even if the provider is asked to provide additional information.

4. How often will the eligible provider list be updated?

TMHP has generated a list of all attestation forms (PDF) received up to October 16, 2013. An additional list will be generated and posted on www.tmhp.com by the end of February 2014. All completed attestations received before April 1, 2014, will be retroactive to January 1, 2013.

5. What will qualified providers be paid?

Qualified providers will be paid the difference between the paid amount reflected on the submitted encounter and the minimum payment required under federal law.

6. When will providers' supplemental payments be paid?

Texas will issue quarterly supplemental payments to providers to cover the difference between the regular Medicaid rate for the service and the temporary increase. The supplemental payments began in January 2014 for managed care services and will begin in April 2014 for fee-for-service payments.

7. How will capitated managed care PCPs payments be calculated?

The state will use the fee-for-service Medicaid rate as the "paid amount" in the payment calculation. For qualifying encounter events with the "capitated provider" Financial Arrangement Code (where the paid amount is \$0), providers will receive a supplemental payment for the difference between the fee-for-service Medicaid rate and the corresponding Medicare rate for the service.

8. How will vaccines administration payments be calculated?

Supplemental payments for vaccine administration services are determined based on the difference between the calculated 2013 or 2014 Medicare rate as defined in the ACA/federal statute and the amount a provider was reimbursed for each vaccine administration service to a client.

9. Do providers practicing in federally qualified health centers (FQHCs) and rural health clinics (RHCs) qualify for higher payment?

No.

10. Can non-physician practitioners such as nurse practitioners receive the higher payment?

Per federal law, only a physician can self-attest to meeting the qualifications for the rate increase. Non-physician practitioners can receive the higher payment only if they bill under the supervision of a qualified attested physician's national provider identifier (NPI). Only encounters submitted with an attested provider's NPI in the rendering/performing provider field are eligible for supplemental payments.

11. Who do I call for questions about the policy or my payment?

Providers can call the TMHP contact center at 1-800-925-9126 for questions related to the ACA PCP rate increase.

12. What if the provider did not attest all Texas Provider Identifier (TPI) numbers. Are they still eligible for the retro payment back to January 1, 2013?

Providers must complete the self-attestation process and include all the appropriate information on the form including all associated TPI's and group TPI's to be eligible for the ACA PCP rate increase. TMHP will be reaching out to providers whose form is incorrect or incomplete. If a provider has additional questions about the completion of the form, they can call the TMHP contact center at 1-800-925-9126.

13. Why did the payments not include the full list of providers identified on TMHP's website?

Interim payments are limited to providers for which TMHP has confirmed there are no inaccuracies on the original attestation form and that qualify for the payment. Providers that submitted attestation forms with outstanding questions will be contacted by TMHP and held-harmless to the original submission date.