HHSC and Texas Medicaid Have Begun Issuing Supplemental Payments to Eligible Providers for the Affordable Care Act of 2010 (ACA) Rate Increase for Primary Care Services

Information posted February 28, 2014

The Texas Health and Human Services Commission (HHSC) and Texas Medicaid have begun issuing the supplemental payments to eligible providers for the Affordable Care Act of 2010 (ACA) rate increase for primary care services. The payments are being issued as follows:

- By the end of March 2014, eligible Medicaid managed care organization (MCO) providers will begin receiving supplemental payments for eligible services that were rendered from January 2013, through March 2013. Providers must contact the MCOs to request information about their scheduling of the payouts.
- TMHP will begin the process to calculate the supplemental payments for qualifying providers at the end of April 2014.

Qualifications

To qualify for the Affordable Care Act of 2010 (ACA) rate increase for primary care services, a provider must meet the following criteria:

- Be an individual physician.
- Have a specialty designation of general internal medicine, family practice, or pediatrics.
- Submit to TMHP a completed Texas Medicaid Attestation for ACA Primary Care Rate Increase form available for download on this website.

Reminder: Groups and facilities are not eligible for the rate increase under their group or facility Texas Provider Identifiers (TPIs). Each individual physician in the group or each individual physician employed by the facility must meet the criteria as individual providers in order to be eligible.

Additionally, the submitted claim must meet the following criteria:

- The procedure code must be an evaluation and management (E/M) service or a vaccine administration including, but not limited to, professional, outpatient, and professional crossover services.
- The date of service for the procedure code must be on or after January 1, 2013, through December 31, 2014.
- The procedure code must be in a paid status. Denied services are not eligible for the rate increase.
- The provider identifier submitted on the claim must match provider identifier submitted on the attestation form. The provider identifier submitted on the attestation form will be the number listed in the updated document titled “List of PCP Providers Who Have Submitted Attestation and are Eligible for Supplemental Payments” available on this website.

THSteps Providers

Texas Health Step (THSteps) providers that have enrolled as individual physicians and have submitted valid Texas Medicaid Attestation for ACA Primary Care Services Rate Increases
forms will receive the supplemental payment for the rate increase once the calculation process is completed and payments are issued.

THSteps providers that have enrolled in Texas Medicaid as facility providers may experience delays in supplemental payments for the rate increase. TMHP is currently researching this issue and THSteps facility providers will be notified as additional information becomes available.

Note: THSteps providers can refer to their Texas Medicaid provider enrollment letter to determine if they enrolled in Texas Medicaid as individuals or facilities.

THSteps providers must continue to submit claims for evaluation and management (E/M) and vaccine administration services as usual according to the guidelines identified in the Texas Medicaid Provider Procedures Manual.

Claims, Payments, and R&S Reports

TMHP will process all eligible paid claims including fee-for-service and carve-out claims and Medicaid managed care organization (MCO) encounters for the supplemental payments. The payments will be issued as follows:

- TMHP will issue the necessary payments to the fee-for-service and carve-out service providers.
- The Medicaid MCOs will issue the necessary payments for the MCO service providers.

Note: Each MCO will continue to process claims as usual for payment of services rendered to Medicaid managed care clients. TMHP will use the MCO encounter data from the paid claims to calculate the supplemental payments for the MCO providers.

For the initial supplemental payment for calendar year 2013 and first quarter 2014:

- TMHP will process eligible FFS and carve-out service claims that were submitted on or after January 1, 2013, through April 30, 2014, with dates of service on or after January 1, 2013, in batches on a weekly basis until all supplemental payments are made.
- Each MCO will receive funds from HHSC for calendar year 2013 and first quarter 2014 supplemental payments to distribute to its MCO providers. Providers must contact the MCOs to request information about their scheduling of the payouts.

TMHP will issue subsequent payments on a quarterly basis to eligible providers for eligible services. For fee-for-service and carve-out service providers, the supplemental payment will appear on the provider’s weekly Remittance & Status (ER&S) Report as a line item on the payout report with explanation of benefits (EOB) 01230 indicating “The ACA Primary Care Rate Increase has been applied to this primary care service.”

The Medicaid MCOs will issue subsequent payments according to the schedule established by the MCOs. Providers must contact the MCOs to request information about their scheduling of the payouts.

Payment Calculations

Payments for professional and outpatient services (with the exception of vaccine administration procedure codes 90460 and 90461) will be calculated based on the difference between the paid Medicaid amount, and the minimum payment required under Federal law.

Exception: 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.

Payments for professional crossovers will be calculated by subtracting the Medicaid paid amount from the sum of the Medicare coinsurance and deductible.

**Provider List**

This is a follow up to the article titled “List of Providers Who Have Attested for ACA Primary Care Rate Increase Now Available,” which was published on this website on November 19, 2013.

TMHP has updated the list on this website titled “List of PCP Providers Who Have Submitted Attestation and are Eligible for Supplemental Payments.” This new list contains the names of providers who have submitted valid attestation forms and who are eligible for supplemental payments.

**Note:** If the provider meets the criteria outlined above, but does not appear on the list as eligible to receive the supplemental payments, the provider can call the TMHP Contact Center to inquire about the omission. Providers who are not eligible for the supplemental payments, including, but not limited to facilities, groups, and other providers who do not meet the criteria outlined above, will not be included on the list.

The list posted to the website titled “List of PCP Providers Who Have Submitted Attestation (received through October 16, 2013)” was a preliminary list of providers. The list consisted only of attestation forms received as of October 16, 2013. This list did not guarantee providers supplemental payment. TMHP must first validate the forms to determine validity and eligibility before payments are made.

**Additional Information**

For more information about supplemental payments, providers can refer to the TMHP Affordable Care Act of 2010 (ACA) web page available from this website.

Providers can contact TMHP for information about the supplemental payments. TMHP can answer questions about any of the following:

- Claims that were originally processed by TMHP for eligible fee-for-service and carve-out service procedure codes
- Supplemental payments that have been issued by TMHP for eligible fee-for-service and carve-out service procedure codes
- Supplemental payments that have been issued by the MCOs: how much the payment is and how the payment was derived.

**Note:** TMHP can answer all questions about the supplemental payment calculations associated with the payments issued by MCOs. For questions about specific claims processed by or checks issued by the MCOs, providers must contact the MCOs that processed and paid the claims and issued the checks.

For more information, call the TMHP Contact Center at 1-800-925-9126.