

February 2013

<NPI>

<Business Entity>

Address1

Address2

City> <State> <Recipient_Zip>

Dear Provider:

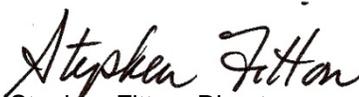
In November 2012, the Centers for Medicare and Medicaid Services (CMS) released its final rule implementing section 1202 of the Affordable Care Act which mandates that state Medicaid programs implement a temporary primary care rate increase for specific primary care services furnished by certain qualified primary care providers. Requirements related to the increased payments apply to services reimbursed by Medicaid Fee-For-Service (FFS) and Medicaid Health Plans (MHPs).

The Michigan Department of Community Health (MDCH) issued policy bulletin MSA 12-66 announcing that for dates of service on and after January 1, 2013, and through December 31, 2014, MDCH will apply an increased payment rate to enrolled practitioners for primary care services delivered by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine. MSA 12-66 outlines the specific details regarding eligible providers and primary care services. In preparation for operationalizing this increased payment, primary care providers were directed in Bulletin MSA 12-39 to self-attest by designating their primary specialty in their Community Health Automated Medicaid Processing System (CHAMPS) enrollment file as one of the three eligible specialties and provide applicable Board certification information.

Pending guidance from CMS, MDCH anticipates making increased payments to eligible FFS providers no later than January 31, 2013. For providers affiliated with MHPs, payment to eligible providers is contingent on CMS approval of the methodology for calculating the primary care rate differentials, certified rates, and any contract amendments that may be required. Additionally, all MHP providers must be enrolled as a Medicaid provider or registered in the CHAMPS system in order to qualify for the payment. While it is anticipated that there may be some possible delays in payment by the MHPs to eligible providers due to the review process, it is emphasized that once the state receives CMS approval, any and all eligible MHP providers will receive the full amount of the enhanced payment effective for services provided on and after January 1, 2013 and CY 2014.

Thank you for your continued participation in the Michigan Medicaid Program and your commitment to providing quality care to Michigan's most vulnerable citizens. If you have any questions please contact Provider Inquiry at 1-800-292-2550 or providersupport@michigan.gov.

Sincerely,



Stephen Fitton, Director
Medical Services Administration