

December 2013

<Provider Name>
<Provider Address1>
<Provider Address2>
<Provider City> <state> <zipcode5-zip4>

Dear Provider:

Pursuant to Section 1202 of the Affordable Care Act, state Medicaid programs are required to 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 informational letter L-13-55 to providers that summarized the process for these payments on the Managed Care side of Michigan Medicaid.

MDCH has sent the initial payments to Medicaid Health Plans (MHPs) under this program as of the week of November 22nd, 2013. We anticipate the Medicaid Health Plans (MHPs) will begin forwarding these payments to providers within the next few weeks; however, we have discovered significant issues with some of the encounter claim data submitted to the state and are working with the MHPs to correct the data as soon as possible in order to ensure the correct payment to providers under this program. MDCH has, and **must** base these payment calculations on encounter data submitted to MDCH by individual MHPs. If some encounter claim data was excluded in the initial payments, retroactive payments will be made to qualified providers as soon as the corrected data is submitted to MDCH by the MHPs; we anticipate most of the data should be corrected in time for the next processing cycle under this program which is scheduled to occur early February, 2014. Providers are encouraged to contact their affiliated Health Plans with any questions or concerns about these payments.

For additional background on these payments, please note the following MDCH communications: 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.

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