

October 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 and Medicaid Health Plans.

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.

MDCH anticipates making increased payments to Medicaid Health Plans beginning in late October, 2013. MDCH will base these payment calculations on encounter data submitted to MDCH by individual Medicaid Health Plans. MDCH will issue these payments directly to the Medicaid Health Plans. The Medicaid Health Plans will be responsible for forwarding these payments to eligible individual rendering providers as soon as possible. Plans shall forward payments directly to the individual rendering providers or to the provider groups or third party administrators who must then forward 100% of the payments to the individual rendering providers. Respective process design and schedules for forwarding these payments to individual providers may vary by individual Health Plan. A provider review and appeal procedure will be implemented and additional details on the review and appeal process will be communicated to providers by the Medicaid Health Plans. Providers may verify eligibility by logging into their CHAMPS accounts and verifying if they have followed the previously announced steps for qualifying discussed in MSA 12-66 and MSA 12-39 (Board Certified in eligible specialty category or eligible claims found for the 60% threshold). The Managed Care primary care provider incentive payments will not be identical to Medicaid Fee-For-Service primary care incentive payments as the underlying base rates differ between Fee-For-Service and Managed Care capitation.

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