




MassHealth
Managed Care Organization Bulletin 4
March 2014

TO: Managed Care Organizations Participating in One Care: MassHealth plus Medicare Program

FROM: Kristin L. Thorn, Medicaid Director 

RE: **Section 1202 of the Affordable Care Act**

One Care Contract

Pursuant to Section 2.15.C.7 of the Contract between the United States Department of Health and Human Services Centers for Medicare & Medicaid Services (CMS), the Commonwealth of Massachusetts and each One Care plan issued July 11, 2013 (Contract), the Executive Office of Health and Human Services (EOHHS) directs each One Care plan (Contractor) to set payment rates for primary care services under Section 1202 of the Affordable Care Act of 2010 as follows:

A. Definitions

The following definitions shall apply to this bulletin:

1. **Eligible 1202 Services** – Services that are
 - a. Set forth in 42 CFR 447.400(c) and specified by CMS and EOHHS as being eligible for Section 1202 Rates; and
 - b. Provided by, or as further specified by EOHHS provided under the personal supervision of, an Eligible Physician.

2. **Eligible Physicians** – Network Providers and out-of-network providers who
 - a. Are described in 42 CFR 447.400(a);
 - b. Are practicing in a specialty designation of family medicine, general internal medicine, or pediatric medicine or a related subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Services (ABPS) or the American Osteopathic Association (AOA), or are practicing in a specialty designation of allergy and immunology by the American Board of Allergy and Immunology; and
 - c. Either
 - 1) Are board certified in such a specialty or subspecialty; or
 - 2) Have, for the most recently completed calendar year, at least 60% of the Medicaid codes for which the physician has been paid were for Eligible 1202 Services; or

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2. Eligible Physicians – Network Providers and out-of-network providers who (*continued*)

- 3) If a Newly Eligible Physician, have, for the prior month, at least 60% of the Medicaid codes for which the physician had been paid were for Eligible 1202 Services; and
 - d. Satisfy the attestation requirements in this bulletin.
- 3. **Newly Eligible Physician** – A physician who does not yet have a full calendar year of paid Medicaid claims.
- 4. **Section 1202** – Section 1202 of the Patient Protection and Affordable Care Act and 42 U.S.C. 1396a(13)(C).
- 5. **Section 1202 Rates** – Payments to Eligible Physicians for Eligible 1202 Services consistent with 42 CFR Part 438, 42 CFR Part 447, subpart G and 101 CMR 317(11), and in at least the amounts set forth in 42 CFR 447.405.

B. General Requirements

- 1. The Contractor shall, in accordance with Section 1202, EOHHS policies, and all applicable federal and state laws, regulations, rules, and policies related to the implementation of such requirement, including but not limited to 42 CFR 438.6(c)(5)(vi), 42 CFR Part 447, subpart G, and 101 CMR 317(11), for Eligible 1202 Services rendered by Eligible Physicians in calendar years 2013 and 2014:
 - a. Make payments to Eligible Physicians (whether directly or through a capitated arrangement) at least equal to the amounts set forth and required under 42 CFR Part 447, subpart G, and 101 CMR 317(11); and
 - b. Provide documentation to EOHHS, sufficient to enable EOHHS and CMS to ensure that provider payments increase as required by 42 CFR 438.6(c)(5)(vi)(A). Such documentation shall include, but is not limited to, the Contractor's list of Eligible Physicians described in subsection 4 below.
- 2. In the manner and frequency directed by EOHHS, the Contractor shall submit reports relating to this bulletin, including but not limited to data on Eligible 1202 Services.
- 3. The Contractor shall have sufficiently trained staff to handle inquiries from physicians about how such physicians may receive Section 1202 Rates.
- 4. The Contractor shall develop, maintain, and monitor a list of Eligible Physicians.
- 5. The Contractor shall, as directed by EOHHS, flag Eligible Physicians in the Encounter Data and flag claims for Eligible 1202 Services in its Encounter Data in accordance with Section 2.17 of the Contract (Encounter Reporting).

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C. Attestation Requirements for Eligible Physicians

The Contractor shall ensure Eligible Physicians meet the following attestation requirements in order to receive Section 1202 Rates.

1. For Eligible Physicians relying on board certification to receive Section 1202 Rates, the Contractor shall
 - a. Have signed documentation on file, such as a provider contract or credentialing application, from the provider attesting to the fact that he or she practices in and has an eligible specialty or subspecialty designation; and
 - b. Verify such physician's board certification. Such verification may be through a credentialing or recredentialing process.
2. For Eligible Physicians relying on his or her paid Medicaid claims history to receive Section 1202 Rates, the Contractor shall, as appropriate and directed by EOHHS
 - a. Confirm with EOHHS that such physician has completed the EOHHS-specified attestation process for physicians relying on paid Medicaid claims history; or
 - b. Refer such physician to EOHHS to complete the EOHHS-specified attestation process.

D. Requirements for Payments to Eligible Physicians

The Contractor shall

1. Pay Section 1202 Rates to Eligible Physicians for the provision of Eligible 1202 Services rendered by the Eligible Physician or, as specified by EOHHS, under the personal supervision of the Eligible Physician.
2. Ensure its Section 1202 Rates are
 - a. An amount at least equal to the amounts set forth and required under 42 CFR Part 447, subpart G, and
 - b. In accordance with all applicable federal and state laws, regulations, rules, and policies related to the implementation of such requirement, including any guidance provided by EOHHS.
3. Ensure that the Eligible Physician receives the direct benefit of Section 1202 Rates, regardless of whether the Eligible Physician is salaried, paid fee-for-service, or paid through a capitated arrangement.
4. For Eligible Physicians who meet the attestation requirements in this Section on or before December 31, 2013, pay such physicians Section 1202 Rates retroactively for Eligible 1202 Services rendered on or after January 1, 2013. For all Eligible Physicians who meet these attestation requirements after December 31, 2013, the Contractor shall pay Section 1202 Rates for Eligible 1202 Services rendered prospectively.

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D. Requirements for Payments to Eligible Physicians (*continued*)

5. As further specified by EOHHS, the Contractor shall recoup any payments made under this Section to providers who it, EOHHS, or CMS or its designee determines was not eligible to receive Section 1202 Rates.
6. The Contractor shall submit its payment methodology to EOHHS by a date and in a form and format specified by EOHHS. Such methodology shall include a description of
 - a. Its process for determining Eligible Physicians, including how it intends to satisfy the attestation requirements in this bulletin;
 - b. The methodology it will use to pay Eligible Physicians the Section 1202 Rates (e.g., as part of a claim payment or on a lump-sum basis);
 - c. Its process for ensuring Eligible Physicians receive the direct benefit of the 1202 Payment; and
 - d. Its process for recouping any identified overpayments.

E. Audit Requirements

The Contractor shall assist EOHHS in complying with any audit requirements related to the implementation of Section 1202, including but not limited to, audits conducted by EOHHS of the Contractor and audits conducted by state and federal oversight authorities of EOHHS and the Contractor. Such assistance may include, but is not limited to, providing all documentation reasonable and necessary for EOHHS and CMS to determine Section 1202 Rates were paid in accordance with Section 1202 and all applicable federal and state laws, regulations, rules, and policies related to the implementation of such requirement.

Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Services Center at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

For more information about the new One Care: MassHealth plus Medicare program, see [MassHealth All Provider Bulletin 238](#) (October 2013).