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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 92 LCM-117

Date: August 6, 1992

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Federal Standard of Qualification for Physicians Who Bill
Medicaid for Services Rendered On and After January 1, 1994,
to Children and Pregnant Women

ATTACHMENTS: None

This memorandum is to provide information and does not require local district action.

Congress has enacted a law that establishes a standard of qualification for physicians who bill Medicaid for services to children and youths under 21 years of age and/or females of any age who are pregnant or within the sixty (60) day time period beginning on the date of termination of pregnancy.

Physicians who do not meet the federal standard of qualification are not permitted by law to bill Medicaid for services rendered to persons in the target populations on and after January 1, 1994.

The law does not affect physician claims for services to other Medicaid eligibles.

Although the Department is attempting to have the law amended and to obtain clarification from the Health Care Financing Administration, the Department is acting now to implement the law due to the large number of enrolled physicians who will be affected, the relatively short time available for them to qualify, and the potential impact of the law on access to services, provider relations and FFP.

A. INFORMING.

- o As of May 1, 1992 all physicians applying to enroll in Medicaid will receive qualification information in the Provider Enrollment Package.

- o During June 1992 more than 5,000 enrolled physicians with qualification information already on their MMIS record will be sent an automated notice of their qualification.
- o During June through August 1992 an estimated 39,000 enrolled active physicians without qualification on MMIS will be sent an informational mailing. We anticipate that 22,000, or 56%, of these physicians will want to qualify to bill for services rendered to children and pregnant women.
- o During November 1992 the MMIS Provider File will be resurveyed to identify enrolled physicians without qualification. Qualification information previously mailed to physicians' correspondence addresses will be sent to pay-to addresses.
- o At this time there is no plan to inform recipients of this program requirement.

B. QUALIFICATION.

The physician must meet only ONE of the following qualifications:

1. Certified in family practice, obstetrics or pediatrics by the medical specialty board recognized by the applicable American Board of medical specialties; or
2. Accepted to participate in the Medicaid Preferred Physicians and Children Program (PPAC), the Medicaid HIV Enhanced Fees for Physicians Program (HIV-EFP) and/or a managed care program approved by the New York State Department of Social Services; or
3. A current admitting privilege at an accredited hospital that accepts Medicaid; or
4. Employed by or affiliated with a federally-qualified health center (e.g., community health center, rural health center, a program of health care for the homeless, tribal health center, etc.); or
5. Member of the National Health Services Corps; or
6. Board admissible in family practice, internal medicine, obstetrics or pediatrics, with an office practice located in a Physician Shortage Area of this State. (Federal approval of this qualification is pending. If the physician qualifies through this provision and federal approval is not granted by June 30, 1993 the physician will receive notice to seek other federal qualification.); or

7. Notates the Medicaid claim form with the MMIS ID Number or physician license number of the physician as in (1) above, to document a current formal consultation and referral arrangement, for specialist treatment and/or hospital admission services only.

C. DOCUMENTATION REVIEWS.

- o Physicians whose board certification or specialty status has not been reviewed at some time by the NYS Department of Health, Bureau of MMIS, Medical Specialist Section, will submit the completed form, "Application for Enrollment as a Medical (or Dental) Specialist" to the State Department of Health for review.
- o Physicians interested in applying to participate in PPAC or HIV-EFP will submit a completed program application to the NYS Department of Health for review.
- o Physicians seeking to qualify under one of qualifications numbered 3 through 6 above will complete the form, "Request to Qualify...", for review by the NYS Department of Health.
- o Physicians who elect qualification 7 above need take no further action than that described. The specialty status of the claiming physician and the qualification of the referring physician will be verified by edit prior to claim payment.
- o Reviews take minimum of eight weeks to complete. Notice of the outcome of a review will be sent to the physician's correspondence address as it appears on the MMIS Provider File.

D. MARKETING.

- o Articles have appeared in the "Medicaid Update" and more are planned.
- o A description of the federal standard of qualification will be included in the next update of the MMIS Provider Manual for physicians.
- o State staff presented information about the federal standard to Computer Sciences Corporation (CSC) provider relations staff at their statewide meeting in Albany on April 23, 1992. As we near 1994 we will consider presentations at CSC regional training sessions for physician billing staff.

E. IMPACT ANALYSIS.

- o The number and distribution of federally qualified physicians will be monitored to evaluate the potential impact of the statute on access to physician services for children and pregnant women.

- o This Department and the State Department of Health will work together to identify barriers to qualification and their incidence among enrolled physicians who serve persons in the target populations.

F. INQUIRIES.

- o The following information relevant to inquiries is provided to physicians in the printed matter they will receive. They are asked to keep the material for future reference:

"Notice of your federal qualification will be sent to the correspondence address listed on your Medicaid provider record. Any change in the correspondence address should be directed in writing to the NYS Department of Social Services, Provider Enrollment Unit, P. O. Box 1935, Albany, NY 12201-1935."

"Call the NYS Department of Social Services if you have questions about how to use the Informational Worksheet or how to complete the form, "Request to Qualify..." Call weekdays between 9:30 a.m. and 5:00 p.m. Use the toll free number (1-800-342-3715, extension 4-9274), or call direct (1-518-474-9274). Identify the topic of your inquiry as 'the federal standard of physician qualification.'"

"Questions about the status of a "Request to Qualify..." that you have mailed to the NYS Department of Health's Bureau of MMIS, Medical Specialty Section, should be directed to Section staff at 1-800-562-0856, weekdays between 8:30 a.m. and 4:30 p.m. Please allow a lapse of eight weeks after mailing before you call."

"For information about Physician Shortage Areas call the NYS Department of Health's Bureau of Health Resources Development at (518) 474-8757, weekdays between 8:30 a.m. and 4:30 p.m."

- o Local Department of Social Services staff may direct their inquiries about the federal standard of qualification to Joan Zenitz of this Department's Division of Medical Assistance, Bureau of Primary Care, Extension 3-4054.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance