



1600 Green Hills Road, Suite 101 • Scotts Valley, CA 95066-4981 • (831) 430-5500
339 Pajaro Street, Suite E • Salinas, CA 93901-3400 • (831) 755-6000
530 West 16th Street, Suite B • Merced, CA 95340-4710 • (209) 381-5300

MEMORANDUM

To: Alliance Providers
From: Ann Kern, Provider Services Network Manager
Date: 08/06/2013
Subject: Important Notice About the State's Attestation Process

Pursuant to the Affordable Care Act (ACA) and 42 CFR 447, State Medicaid agencies are required to reimburse Primary Care Physicians with a specialty designation of Family Medicine, General Internal Medicine, or Pediatric Medicine, at parity with Medicare for specified Evaluation And Management (E&M) and Vaccine Administration services.

In order to be eligible for enhanced payment, the physician rendering or supervising the service must personally attest to be the following:

* Physician, as defined in 42 CFR 440.50 with a Specialty designation of Family Medicine, General Internal Medicine, or Pediatric Medicine or a subspecialty within one of the listed specialties
AND

* Meet at least one of the following Qualifications

- 1) Board Certified in a Specialty or Sub-Specialty listed above recognized by the American Board Of Medical Specialties (ABMS), American Board Of Physician Specialties (ABPS), or American Optometric Association (AOA)
- 2) At least 60% of total codes billed or paid for the most recently completed calendar year or for newly eligible Physicians, the prior month, were for E&M (99201 - 99499) and Vaccine Administration (90460, 90461, 90471 - 90474, or their successors) services.

The State Attestation is available at: <https://www.medi-cal.ca.gov/acaattest/acaattestmenu.aspx>

As a contracted Alliance provider we ask that you designate the Alliance under the contracted managed care programs you participate in. Please use one of the following code:

Santa Cruz County 505, Monterey County 508, Merced County 514

If you contract with more than five (5) Managed Care Plans (MCPs), you are asked to contact the MCPs you were unable to enter into the Self Attestation Form to inform them you have attested.

To advise the Alliance please send a letter to my attention or send this information via email to Attestation@ccah-alliance.org. Thank you for your prompt attention to this matter.

Ann Kern RN, FACHE
1600 Green Hills Rd., Ste. 101,
Scotts Valley, CA 95066
PH: 831-755-6080 akern@ccah-alliance.org