



*An important
message from
Provider Relations*



Primary Care Rate Increase

As stated in our January update, the Missouri Department of Social Services implemented the Federal mandate to increase payment for Primary Care Services to the Medicare rate, effective January 1, 2013. The increased payment is applicable to certain Physician specialties for Primary Care Evaluation & Management (E/M) codes 99201–99499 when providing primary care services. The increase is also applicable to services related to immunization administration for vaccines and toxoids, codes 90465-90468 and 90471-90474. Providers should continue to bill the VFC administration codes as they currently do.

To be eligible for increased payment for Primary Care services, you must meet at least one of the following criteria:

1. Provider must be Board Certified in family medicine, general internal medicine, and pediatric medicine or have a sub-specialty of family medicine, general internal medicine, and pediatric medicine as recognized by the American Board of Medical Specialties, American Board of Physician Specialties, or American Osteopathic Association; or
2. If not board certified, at least sixty percent (60%) of the services billed by the physician for the calendar year of 2012 must be for primary care E/M codes or their successor codes and vaccine administration codes.

Per the direction from the Missouri Department of Social Services, Home State Health Plan must receive your attestation for you to be eligible for the increase. The effective date of increased payment is the latter of January 1, 2013 or the date the complete Attestation Form is received by Home State Health Plan. Reimbursement rates for the identified services will be the lower of the provider's usual and customary charges to the general public or MHD's allowable amount.

If Home State has your attestation on file, you will receive the additional reimbursement based on the guidelines stated above. Payments will be made via your current claim process on a quarterly basis. All payments will include claim detail and explanation on a remittance advice separate from your regular claims remittance. Retroactive payments for eligible claims during the first and second quarter of 2013 will be sent on or before July 10, 2013. Eligible claims incurred during the first and second quarter but received and/or processed in the third quarter, will be reflected in the third quarter payment.

For additional information please refer to Missouri Department of Social Services Website at <http://dss.mo.gov/mhd/providers/pages/payment-primary-care-services.htm>.

➤ **Secure Portal Registration:** If you haven't already do so, please go to www.HomeStateHealth.com to register for our Secure Portal. Functions on the portal include: Verification of eligibility, submission of claims, entering authorizations, viewing patient care gaps, etc. Use of the portal is FREE for all services!

➤ **Electronic Funds Transfer / Electronic Remittance Advice**

- Home State Health Plan partners with PaySpan Health for EFT/ERA services.
- Please register with PaySpan Health at www.payspanhealth.com

Questions? Contact Provider Relations at 1-855-694-4663.