



North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Richard O. Brajer
Secretary

Dave Richard
Deputy Secretary for Medical Assistance

[Date]

Ms. ABC Smith
110 Anywhere Street
My Town, NC 27563-9041

RE: Midlevel Provider ACA Confirmation
Provider: Ms. ABC Smith
NPI #: 1234567891

Dear M/M Smith:

Under Section 1202 of the Affordable Care Act (ACA), primary care physicians were eligible to receive enhanced payments on select primary care services. The ACA enhanced payments covered dates of service between January 1, 2013 and December 31, 2014. The ACA enhanced payments were 100% federally funded.

In North Carolina, primary care physicians were able to self-attest as eligible for ACA enhanced payments by confirming through a web portal that he/she were Board Certified in one of the applicable specialties (family medicine, general internal medicine or pediatric medicine) or subspecialties designated in the ACA Final Rule or that at least 60% of his/her Medicaid paid CPT codes were the ACA eligible codes for Evaluation & Management (E&M) and vaccine/toxoid codes.

Mid-level/non-physician practitioners were able to self-attest as eligible via the same web portal that he/she furnished eligible ACA primary care services under the personal supervision of a physician who self-attested in one of the qualifying specialties or subspecialties. Per the CMS 2370-F (Set II) on Increased Medicaid Payment for Primary Care, *"the eligibility of services provided by mid-level/non-physician practitioners is dependent on 1) the eligibility of the physician and 2) whether or not the physician accepts professional responsibility for the services provided by the mid-level."*

DMA's records indicate the above NPI is enrolled as a mid-level practitioner, has self-attested via the web portal and is identified as the rendering NPI on Medicaid paid claims which received an ACA enhanced payment.

To comply with the ACA Final Rule, and maintain an audit trail, DMA is requiring confirmation of the name and NPI of the physician who supervised the services you provided. DMA is also requiring confirmation from the supervising physician that he/she accepts professional responsibility for the services you provided.

www.ncdhhs.gov

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501

An Equal Opportunity / Affirmative Action Employer



Midlevel Provider ACA Confirmation

Date:

Provider: Ms. ABC Smith

NPI #: 1234567891

Please complete the attached form with the supervising physician's NPI and signature and return within 30 days of the date of this letter to the address below via US Mail, Overnight, or fax.

Mailing Address:

Division of Medical Assistance
Provider Audit
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Overnight Address:

Division of Medical Assistance
Provider Audit
333 East Six Forks Road
Raleigh, North Carolina 27609

Fax Number:

919-814-0031

The failure to return this form to DMA within the specified time period may result in a determination that the mid-level/non-physician practitioner was not eligible to receive ACA enhanced payments, the assessment of an overpayment, and recoupment by DMA.

Please direct any questions to Jim Flowers or Mike D'Alessio at (919) 814-0030.

Sincerely,

James B. Flowers
Audit Chief
DMA Audit Section

Enclosures
Midlevel Confirmation

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Date:

Provider: Ms. ABC Smith

NPI #: 1234567891

Midlevel Provider Confirmation

Self-Attested Midlevel Provider Name: Ms. ABC Smith

Self-Attested Midlevel Provider NPI: 1234567891

Supervising Physician Name (Printed) _____

Supervising Physician NPI (*) _____

To confirm eligibility of the above midlevel provider's eligibility for ACA enhanced payments under Section 1202 of the Affordable Care Act, I accept professional responsibility for services provided by the above midlevel provider during the period between January 1, 2013 and December 31, 2014.

Supervising Physician Signature: _____

Date of Signature: _____

(*) Note this is the supervising physician's NPI as a rendering physician in a specialty and not the Billing NPI of the group or practice.

Please complete the above form with the supervising physician's signature and return within 30 days of the date of this letter to the address below via US Mail, Overnight, or fax.

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Provider Audit
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Raleigh, North Carolina 27699-2501

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