



ACA 1202 PCP Increase FAQs

Q. Where is the link to the state attestation database?

A. [Click here](#) to access the Medi-Cal website.

Q. How do I know if my attestation is accepted?

A. Provider attestation is automatically retroactive to January 1, 2013, except in two circumstances:

1. If the provider is eligible based on board certification, but not claim history, the attestation is only retroactive to the begin date of the board certification if that is after January 1, 2013.
2. If the provider is newly enrolled in the Medi-Cal program, the attestation would only be retroactive to the date of enrollment.

B. Providers who are incorrectly deemed automatically eligible retroactive to January 1, 2013, should submit an update to the attestation information as described in the *Affordable Care Act – Primary Care Physician Self Attestation Form Completion Instructions*.

Q. I completed an attestation and the state advised I did not qualify. What can I do to receive the payment?

A. Only providers who have attested and qualify per state eligibility requirements will be accepted into the program. [Click here](#) to review eligibility requirements at the top of the state website page.

Q. How do I create, change or cancel an existing attestation?

A. [Click here](#) to go to the following Medi-Cal landing page.

Q. I am having trouble completing the attestation form online. Can you please assist me?

A. [Click here](#) to review instructions on how to complete the attestation form.

Q. How long does it take to attest with the state?

A. Currently, we are not aware of any timelines associated with the state's review of your qualifications. If you have specific questions concerning the timing, please contact DHCS directly.

Q. Why do I have to complete a W9 form?

A. *The program requirements state that we must sent reimbursement payments directly to the rendering providers. Therefore, to ensure all reimbursements are directed to the appropriate address, we require all providers to complete the W9 form with the accompanying cover letter. We will not be able to process any reimbursements without a signed W9.*

Q. Where do I send the completed W9 form?

A. *Please fax to: 1-(888) 310-3660. Please also make sure you complete and return the cover letter as well.*

Q. How often do I have to fill out the W9?

A. *Only once. It will remain in effect unless you submit a replacement.*

Q. Can I change my W9 information?

A. *Yes. All you need to do is complete a new form and fax to: 1-(888) 310-3660.*

Q. How do I know if I'm eligible for this differential payment?

A. *To be eligible for the ACA and 42 CFR 447 enhanced payments, the physician rendering or supervising the service must personally attest to be the following:*

A physician, as defined in 42 CFR 440.50 with a specialty designation of family medicine, general internal medicine, pediatric medicine or a subspecialty within one of the listed specialties.

AND

Meeting at least one of the following qualifications:

Board certified in a specialty or subspecialty that is recognized by the American Board of Medical Specialties (ABMS), American Board of Physician Specialties (ABPS) or American Osteopathic Association (AOA). Please see the "Related Links" section of this page for links to additional information.

OR

At least 60 percent of total claim volume 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 or local codes that correspond to these E&M and Vaccine Administration codes.

Q. When will I get my first check?

A. Current plans are for the first set of reimbursements to be distributed in fall 2013. It will cover a large portion of services performed in 2013. After the initial payment, checks will be processed monthly until all services performed from 01/01/13 - 12/31/14 are paid.

Q. Can I get my checks via direct deposit or bank transfer instead?

A. Unfortunately, we can only process paper checks.

Q. Can I defer my payments to the next calendar/fiscal year?

A. Unfortunately, we cannot delay or withhold any payments under this program.

Q. I am an out of state provider. I provided services to one of your members and received the claim payment. I did not receive the ACA PCP Rate bump payment. How can I get a check for the bump payment?

A. CMS requires you to attest with the state of CA before GCHP can validate state attestation acceptance and review for possible payment. [Click here](#) to access the Medi-Cal website.

Also, you will be required to complete a [W9](#) form and cover letter and send it back to us so we can load your profile in the system. [Click here](#) to access the form under the ACA section at the GCHP website.

Please fax completed forms to: 1-(888) 310-3660.