



June 2009

## Incentive Payment Program Effective 07/01/09 to 06/30/10

CMS-1500  
Bulletin  
09-002

Please share this bulletin with the following staff:

- Office Manager
- EqualityCare Biller
- Physician(s)
- Other \_\_\_\_\_

It is time for Primary Care Physicians to enroll, or recertify, as incentive payment providers if they serve a disproportionate share of EqualityCare patients for the specific procedures which are associated with primary care, obstetric, newborn and pediatric care.

In order to qualify for an incentive payment, a provider must complete the attached "Certification of Disproportionate Share Form." This form certifies that 25% or more of the total patients seen in the practice, or 25% or more of the group practice by a physician, nurse practitioner, or nurse mid-wife during the provider's most recent fiscal reporting period of at least six (6) months, were EqualityCare patients.

A provider's form must be received by June 30, 2009 in order to qualify for the July 1, 2009 - June 30, 2010 dates. If forms are received after that date, they will not be made retroactive to July 1, 2009, instead they will become eligible as of the date received.

Documentation must be available upon request for audit purposes. Certification will apply to the billing provider number, irrespective of whether the practice is an individual or group practice. Recertification is required every twelve (12) months.



## Reimbursement

Upon notification that ACS has certified the provider for incentive payment, the provider will be reimbursed an additional 10% of the EqualityCare allowed fee for the specific procedures listed which are associated with primary care, obstetric and newborn care. In no case will the EqualityCare reimbursement exceed the billed charge.

<b>Evaluation and Management Codes:</b>
<b>99201-99215</b>
<b>Preventative Codes:</b>
<b>99381-99385</b> New client
<b>99391-99395</b> Established client
<b>Maternity Care (Global):</b>
<b>59400</b> Routine OB care including antepartum care, vaginal delivery (with or without episiotomy).
<b>59510</b> Routine OB care including antepartum care, cesarean delivery and postpartum care.
<b>59610</b> Routine OB care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous C-section.
<b>59618</b> Routine OB care including antepartum care, C-section and postpartum care, following attempted vaginal delivery after previous C-section.
<b>Maternity Care (Provided by more than one physician or not the same physician group):</b>
<b>59425</b> Antepartum care only visits 4,5, or 6. This code would be used in the case where the patient was seen only for one of the above visits and then quit seeing that provider
<b>59426</b> Antepartum care only; 7 or more visits. This code would be used for the patient who was seen for 7 or more antepartum visits, but the provider did not provide services for delivery.
<b>59430</b> Postpartum care only (separate procedure) This code is used when the provider did not provide the service of delivery BUT they may have provided antepartum care.
<b>Hospital Codes - Newborn Care:</b>
<b>99431</b> History and exam, normal newborn
<b>99433</b> Subsequent care, each day

A copy of this bulletin can be found on the EqualityCare website  
<http://wyequalitycare.asc-inc.com>

**Please make as many additional copies as needed for your office staff.**

If you have additional questions regarding billing or covered services, please contact ACS Provider Relations Unit at (800) 251-1268, 9am – 5pm (MST) Monday through Friday  
Keep in mind you can contact AVR at (800) 251-1270  
For eligibility or provider check inquiries. This line is available 24/7

# EqualityCare 's Incentive Pay Program Certification of Disproportionate Share

I hereby certify that 25% or more of the total patients seen in this practice or 25% or more of the pregnant patients who were seen by a physician, nurse practitioner, or nurse midwife in this group practice during the most current fiscal reporting period of at least six (6) months were EqualityCare patients.

Complete the option, which qualifies your practice for incentive payment:

\_\_\_\_\_ Total number of patients  
\_\_\_\_\_ Total number of EqualityCare patients

**OR**

\_\_\_\_\_ Total number of pregnant patients  
\_\_\_\_\_ Total number of pregnant EqualityCare patients

Reporting period \_\_\_\_\_ to \_\_\_\_\_.  
month/year month/year

FOR AUDIT PURPOSES, DOCUMENTATION MUST BE AVAILABLE FOR REVIEW BY PRIMARY CARE SERVICES UPON REQUEST.

I understand that recertification will be required every twelve (12) months from the date I am certified as a disproportionate share provider.

**Billing Provider EqualityCare or NPI Number:** \_\_\_\_\_  
**Billing Provider Name:** \_\_\_\_\_  
**Billing Provider Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

A provider's form must be received by June 30 of the current year in order to qualify for the July 1-June 30 dates of the coming year. If forms are received after the date, they will not be made retroactive – instead they will become eligible as of the date received.



**RETURN TO:**

ACS, Inc.  
PO Box 667  
Cheyenne, WY 82003-0667

Phone: (800)-251-1268  
Fax: (307)-772-8405  
Website: <http://wyequalitycare.acs-inc.com>



Wyoming Department of Health  
Public Health Insurance Program



Pharmacy  
Group  
6530

## Important Changes! Please read!



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We're on the Web!

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