NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF MEDICAID MANAGEMENT

PREFERRED PHYSICIANS AND CHILDREN PROGRAM

(PPAC)

NURSE PRACTITIONER APPLICATION

Medicaid Preferred Physicians and Children Program

Beginning April 1, 1991, the New York State Department of Health invites interested nurse practitioners meeting certain eligibility and practice requirements to apply to participate in the Medicaid Preferred Physicians And Children Program, hereinafter referred to as PPAC.

Reimbursement

Nurse practitioners participating in PPAC receive increased Medicaid fees for visits provided to Medicaid recipients under 21 years of age. The fee structure for all visits incorporates a regional adjustment for upstate and downstate.

The upstate reimbursement for office visits is $33.63; the figure for downstate is $39.64. The current logic for visits in settings other than office is that of an enhanced fee: $30 upstate and $36 downstate.

The counties considered downstate for this program are Bronx, Kings, Queens, New York, Richmond, Nassau, Suffolk, Westchester, Putnam, and Rockland.

Billing

When billing for care to Medicaid recipients under 21 years of age, for well child care services furnished in an office setting use the CPT-4 Preventive Medicine Services codes 99381-99385 and 99391-99395. For Newborn care services use 99431, 99433 or 99435.

For all other services provided in a practitioner's office or other ambulatory setting, use the Evaluation and Management procedure codes 99201-99205, and 99211-99215. Report the place of service code that represents the location where the services was rendered in claim field 24B, Place of Service. The maximum reimbursable amount for these codes is dependent on the Place of Service reported. The PPAC Section of the Nurse Practitioner Manual defines these codes.

The ancillary services and procedures performed during any visit must be claimed through the use of customary Medicaid procedure codes; these claims will be reimbursed at customary Medicaid fee levels.

Eligibility and Practice Requirements

The PPAC eligibility and practice requirements for the nurse practitioner appear on pages **3 and 4** of the instructions.

Application

Nurse practitioners may apply to participate in PPAC by completion of the *Application to Participate in the PPAC Program.* This form must be completed by every nurse practitioner applying to participate in PPAC: The nurse practitioner already enrolled as a Medicaid provider, the nurse practitioner applying to enroll as a Medicaid provider **and** PPAC participant, and the nurse practitioner whose enrollment in Medicaid has lapsed and he/she wishes to enroll in Medicaid and participate in PPAC.

If the forms necessary to enroll in Medicaid and/or apply to participate in PPAC are not included with this letter, they may be obtained by written request to eMedNY, P.O. Box 4610, Rensselaer, NY 12144 or by downloading forms from the Internet at www.emedny.org.

Notification

A letter of decision regarding the nurse practitioner's application will be sent by this Department to the applicant's correspondence address as listed on the MMIS Provider File. If application for the Medicaid enrollment and PPAC participation are made at the same time, the letter of decision regarding the Medicaid application will be sent first followed by a later date by the letter of decision regarding PPAC participation.

Questions

Program experience has shown that practitioners frequently ask the following questions:

1. How long does it take for the PPAC application to be processed?

   Assuming that the documentation in the application was completed and no additional information was necessary, the application process takes a minimum of four weeks from the date the application was mailed to the date of receipt of the letter of decision from the Department of Health.

2. When may PPAC claims be submitted to Medicaid?

   PPAC claims may be submitted after receipt of the letter of decision from this Department. The letter will include the earliest date of service for which you may claim PPAC codes.

3. How are clinic visits to be billed under PPAC?

   PPAC is a program for office-based practitioners. Services provided in hospital clinics or in diagnostic and treatment centers, where a clinic claim is also generated for a recipient's visit, are not to be claimed with PPAC codes. Services provided in an emergency room, pursuant to a contractual agreement with the hospital, may not be claimed with PPAC codes.

   Be certain NOT to send in this cover letter with your application. Keep it for its descriptive information and for the telephone numbers noted.

   To inquire about matters of specialty, hospital admitting privilege or required documentation, call 1-800-343-9000.

Nurse Practitioner Eligibility and Practice Requirements

I. The qualified nurse practitioner (primary care) will:

- Have a collaborative agreement with a physician who has an agreement with the Medicaid program to participate in PPAC as a primary care physician.

- Provide 24-hour telephone coverage for consultation. This will be accomplished by having an after-hours phone number with an on-call physician, nurse practitioner, or physician's assistant to respond to patients. This requirement cannot be met by a recording referring patients to emergency rooms.

- Provide medical care coordination. Medical care coordination will include at a minimum the scheduling of elective hospital admissions; assistance with emergency admissions; management of and/or participation in hospital care and discharge planning; scheduling of referral appointments with written referral as necessary and with request for follow-up report; and scheduling for necessary ancillary services.

- Provide periodic health assessment examination in accordance with the standards of the Medicaid Child/Teen Health Program.

- Be a provider in good standing if enrolled in the Medicaid program at time of application to PPAC.

- Sign an agreement with the Medicaid program, such agreement to be subject to cancellation with 30-day notice by either party.

II. The qualified nurse practitioner (non-primary care) will:

- Have a collaborative agreement with a physician who has an agreement with the Medicaid program to participate in PPAC as a qualified non-primary care specialist physician.
- Provide consultation summary or appropriate periodic progress notes to the primary care physician on a timely basis following a referral or routinely scheduled consultation visit.
- Notify the primary care physician when scheduling hospital admission.
- Be a provider in good standing if enrolled in the Medicaid program at time of application to PPAC.
- Sign an agreement with the Medicaid program, such agreement to be subject to cancellation with 30-day notice by either party.