

**NEW YORK STATE
DEPARTMENT OF HEALTH**

AIDS INSTITUTE

HIV UNINSURED CARE PROGRAMS

ADAP PLUS

**PHYSICIAN
AGREEMENT FORM**

1-800-832-5305

**EMPIRE STATION
P.O. BOX 2052
ALBANY, NY
12220-0052**

ADAP PLUS PHYSICIAN APPLICATION AND AGREEMENT FORM

PROGRAM DESCRIPTION

The New York State Department of Health, AIDS Institute in cooperation with the Title I Planning Councils of the New York City, Long Island, Lower Hudson and Dutchess County regions has implemented a program to provide reimbursement to qualified primary care physicians and specialists who provide services to uninsured persons with Human Immunodeficiency Virus (HIV). The Department invites interested physicians meeting certain eligibility and practice requirements to enroll in ADAP Plus.

In October 1992, the New York State Department of Health established ADAP Plus for hospital and clinic settings, to promote early intervention and to improve access to treatment for persons with HIV disease who are uninsured or underinsured. Article 28 hospitals and, diagnostic and treatment centers may enroll in ADAP Plus and receive enhanced reimbursement as outlined in the ADAP Plus Provider Manual by entering into an agreement with the Department of Health. To further expand the network of HIV primary care providers, ADAP Plus has offered qualified office-based physicians reimbursement for HIV primary care services as outlined in this manual for the uninsured and underinsured HIV population.

GENERAL PROGRAM REQUIREMENTS

Qualified physicians must be board certified or eligible for board certification and have hospital admitting privileges. Physicians must be enrolled in the HIV Enhanced Fee For Physicians (HIV-EFP) Program in order to participate in ADAP Plus. The HIV-EFP program offers qualified office-based physicians enhanced Medicaid reimbursement for HIV primary care services. Enrollment in HIV-EFP does not require a physician to accept new patients. It simply allows a physician to access the enhanced reimbursement provided by the program. Services the physician may provide in a clinic setting can not be billed under this program by the physician through the clinic if it is also enrolled in ADAP Plus. All services provided in a clinic setting must be billed under the clinics' service agreement.

PROVIDER ELIGIBILITY AND PRACTICE REQUIREMENTS

A. PRIMARY CARE PHYSICIANS

To qualify, the primary care physician must:

1. Be enrolled in the New York State Medicaid HIV Enhanced Fees for Physician Program.
2. Be board certified (or board admissible for a period of no more than five years from completion of a postgraduate training program) in internal medicine, pediatrics, family practice, or OB/GYN.
3. Provide 24-hour coverage of the practice. This can be accomplished by having an after-hours telephone 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.
4. Coordinate medical care services, including at a minimum:
 - scheduling of elective hospital admissions;
 - assistance with emergency admission;

- management of and/or participation in hospital care and discharge planning;
 - scheduling of referral appointments with written referral as necessary and with request of follow-up report;
 - a. lab services may be done by a vendor who will accept ADAP Plus fees as payment in full and not bill the patient. This may be done by:
 - 1. referral of the patient to the physician's regular laboratory vendor who will accept ADAP Plus fees.
 - 2. referral of the patient to a participating Article 28 Facility enrolled in ADAP Plus.
 - b. lab services can be performed and billed by the physician, if the physician is considered a Certified Lab Vendor as defined by the New York State Department of Health and have signed a Lab Agreement.
 - maintain a complete medical record.
5. Develop referral linkages with drug treatment programs and local AIDS community based organizations.
 6. Sign a written agreement with ADAP Plus, such agreement to be subject to written cancellation with 30 days notice by either party.

B. SPECIALIST

Due to the nature of HIV disease, many persons infected with the virus may require consultation with and treatment by specialist physicians. To assure that access to specialty consultation is available and to assist primary care physicians with the management of their patients, specialist may enroll in ADAP Plus.

To qualify, a specialist physician must:

1. be enrolled in the New York State Medicaid HIV-EFP.
2. have active hospital admitting privileges in an appropriately accredited hospital.
3. be board certified (or board admissible for a period of not more than five years from completion of a post graduate training program) in a specialty recognized by the State Department of Health.
4. provide a consultation summary to the primary care physician on a timely basis following a referral.
5. notify the primary care physician when arranging a hospital admission.
6. sign a written agreement with ADAP Plus, such agreement to be subject to written cancellation with 30-day notice by either party.

CLIENT ELIGIBILITY

ADAP Plus serves HIV-infected New York State residents who are uninsured or underinsured for primary medical care. Participants must meet the following criteria:

- (1) Residency: New York State (U.S. citizenship is not required.)
 - (2) Medical: HIV-infection
 - (3) Financial: Annual income less than \$44,000 for a household of 1, \$59,200 for a household of 2 and \$74,400 for a household of 3 or more. Liquid Assets less than \$25,000.
- Applicants who have partial insurance or limitation that inhibit access to primary care services will be eligible for the program. Such individuals will assign their insurance benefits to the program. Their benefits will be coordinated, by the program for maximum reimbursement to the program.
 - Adolescents who do not have access to the financial or insurance resources of their parents/guardians will be eligible for the program.
 - Undocumented persons who may not be able to access Medicaid, Medicare or other entitlement programs will be eligible for the program.
 - There are no co-payments required.
 - ADAP Plus determines applicant eligibility and issues an ID card to enrolled participants.

REIMBURSEMENT and COVERED SERVICES

Effective October 16, 2003, the program will use established Medicaid Fee schedules. Services reimbursed by ADAP Plus fall under the HIV Enhanced Fees for Physicians Medicaid Fee schedule. Reimbursement for office visits is based on the following reimbursement and coding methodology. The fee structure for all visits incorporates a regional adjustment for upstate and downstate. The counties considered downstate for this program are Bronx, Kings, Queens, New York, Richmond, Nassau, Putnam, Rockland, Suffolk and Westchester.

REIMBURSEMENT and UTILIZATION LIMITATIONS

Due to Federal limitations, HIV counseling and testing services and inpatient consultations are not reimbursable under this program.

All visits are limited to a maximum of 30 per patient per treatment year. For questions regarding Program service limitations, billing or payment processes please call 1-800-832-5305.

OFFICE OR OTHER OUTPATIENT SERVICES

The following codes are used to report evaluation and management services provided in the **practitioners office**. A patient is considered an outpatient until inpatient admission to a health care facility occurs. **The maximum reimbursable amount for Evaluation and Management procedure codes is dependent on the Place of Service reported.** Report the place of service code that represents the location where the service was rendered in claim form field number 8 - Place of Service.

For Evaluation and Management services rendered in the practitioners private office, report place of service as "1". The Maximum Fee for Office Evaluation and Management services is \$42.22 for County Group A or \$37.35 for County Group B.

NEW PATIENT

99201 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history, a problem focused examination, and straightforward medical decision making.

Usually, the presenting problem(s) are self limited or minor. Practitioners typically spend 10 minutes face-to-face with the patient and/or family.

99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history, an expanded problem focused examination, and straightforward medical decision making.

Usually, the presenting problem(s) are of low to moderate severity. Practitioners typically spend 20 minutes face-to-face with the patient and/or family.

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history, a detailed examination, and medical decision making of low complexity.

Usually, the presenting problem(s) are of moderate severity. Practitioners typically spend 30 minutes face-to-face with the patient and/or family.

99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history, a comprehensive examination, and medical decision making of moderate complexity.

Usually, the presenting problem(s) are of moderate to high severity. Practitioners typically spend 45 minutes face-to-face with the patient and/or family.

99205 Office or other outpatient visit for the evaluation and management of a new patient which requires these three key components: a comprehensive history, a comprehensive examination, and medical decision making of high complexity.

Usually, the presenting problem(s) are of moderate to high severity. Practitioners typically spend 60 minutes face-to-face with the patient and/or family.

ESTABLISHED PATIENT

The following codes are used to report the evaluation and management services provided to established patients who present for follow-up and/or periodic reevaluation of problems or for the evaluation and management of new problem(s) in established patients.

99211 Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician.

Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history, a

problem focused examination, and/or straightforward medical decision making.

Usually, the presenting problem(s) are self limited or minor. Practitioners typically spend 10 minutes face-to-face with the patient and/or family.

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history, an expanded problem focused examination, and/or medical decision making of low complexity.

Usually, the presenting problem(s) are of low to moderate severity. Practitioners typically spend 15 minutes face-to-face with the patient and/or family.

99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history, a detailed examination, and/or medical decision making of moderate complexity.

Usually, the presenting problem(s) are of moderate to high severity. Practitioners typically spend 25 minutes face-to-face with the patient and/or family.

99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history, a comprehensive examination, and/or medical decision making of high complexity.

Usually, the presenting problem(s) are of moderate to high severity. Practitioners typically spend 40 minutes face-to-face with the patient and/or family.

LAB/ANCILLARY SERVICES

Lab or ancillary services are reimbursable if;

They are performed by an ADAP Plus enrolled lab or ancillary vendor and are covered under the program (Refer to the ADAP Plus Ancillary Service listing for laboratory vendors).

Lab vendors are eligible to enroll in the program if they are actively enrolled in the New York State Medicaid Program and are certified by the New York State Department of Health.

If you are currently using a lab and they are not ADAP Plus enrolled, please refer the laboratory to provider liaison staff at 1-800-542-2437 for enrollment information.

Selected ancillary and laboratory services ordered by a physician are reimbursable to enrolled providers. Physicians will not be reimbursed for lab or ancillary services unless they are also enrolled as a Lab or Ancillary provider.

HIV CLINICAL TRAINING

For physicians in need of additional training in the care of HIV-infected patients, the New York State Department of Health will offer ongoing educational opportunities. There are 11 programs across the state that provides clinical education. Information and all the sites that provide clinical education can be found at the AIDS Institute's clinical education initiatives website: [//www.hivguidelines.org/](http://www.hivguidelines.org/).

Protocols for the HIV primary care visits described above have been developed by medical

consultants for the AIDS Institute and can be obtained from the AIDS Institute by calling the Office of the Medical Director. These protocols describe the currently accepted standards of care and will be updated on a regular basis.

For information regarding clinical training, contact the AIDS Institute's Office of Medical Director at (518) 474-3459.

CONFIDENTIALITY OF PHYSICIAN PARTICIPANTS

The names of physicians who enroll in the ADAP Plus Program will not be disclosed to any agency or individual outside of the AIDS Institute or the NYS Department of Health without prior written approval of the participating physician except as may be otherwise required by Law. Enrolled physicians are under no obligation to accept additional HIV patients because of their participation in this program. However, if an enrolled physician wishes to be added to the referral list of providers offering services to persons with HIV, the AIDS Institute will assist physicians in linking them with the appropriate community based health and social service agencies which maintain referral lists. If requested ADAP Plus will provide the physician's name and phone number to enrolled ADAP Plus participants through its hot-line.

APPLICATION

Interested physicians may apply to participate in ADAP Plus by completing and signing the attached Assurances and Agreement Form, and the Provider Enrollment Form. Make a copy for your records and return the originals to ADAP Plus:

**ADAP PLUS
NYS DEPARTMENT OF HEALTH
EMPIRE STATION
P.O. BOX 2052
ALBANY, NY 12220**

NOTIFICATION

A letter of decision regarding the enrolled physician's application for ADAP Plus will be sent by the New York State Department of Health ADAP Plus to the physician's correspondence address as listed on the Application and contact sheet.

QUESTIONS

If additional information is required regarding ADAP Plus please call Provider Liaison staff weekdays between 8:00 a.m. and 5:00 p.m. through the toll free number: 1-800-542-2437.

ADAP Plus staff cannot answer specific questions concerning your eligibility for Medicaid HIV-EFP participation. To inquire about matters of specialty, hospital admitting privilege, required documentation and the status of your Medicaid HIV-EFP application, please call the NYS Department of Health, AIDS Institute, Primary Care Section at (518) 473-3786.

**NEW YORK STATE DEPARTMENT OF HEALTH, AIDS INSTITUTE
ADAP PLUS PHYSICIAN
ASSURANCES AND AGREEMENT FORM**

Please read and signify agreement with the following assurances. Your signature at the bottom of this form is required for program enrollment.

1. I recognize that I continue to be bound by the rights, obligations, duties or interested accrued, occurred or conferred as a result of my enrollment in the New York State ADAP Plus Program.
2. As a qualified primary care physician or specialist I assure the provision of comprehensive medical care services to ADAP Plus patients in accordance with generally accepted standards of medical practice.
3. As a qualified primary care physician or specialist I agree to provide medical care coordination which will include at a minimum: the scheduling of elective hospital admissions; management of and/or participation in hospital care and discharge planning; scheduling for necessary ancillary services; referrals for drug treatment and to community based AIDS service organizations; and the maintenance of a complete medical record to include but not limited notation of referrals and hospitalizations, and copies of test results and reports.
4. As a qualified primary care physician or specialist I assure that I will maintain twenty-four hour telephone coverage which will include timely access to a practitioner qualified to respond to the ADAP Plus patient's health concerns (Practitioner who is on call does not have to be enrolled in ADAP Plus). I recognize that this requirement cannot be met by a recording or referring patients to the emergency room.
5. I assure that patients enrolled in ADAP Plus will be free to choose from enrolled qualified providers or any specialist to whom they will be referred. Please note that only ADAP Plus enrolled physicians can bill for services provided to ADAP Plus participants.
6. I recognize that the State may determine new visit types and rates during the term of this agreement.
7. I recognize that the New York State Department of Health may cancel my participation in ADAP Plus at any time, giving me not less than thirty (30) days written notice that on or after the date therein specified, my participation will end. I accept that cause for cancellation of my participation in the ADAP Plus Program will include, but not be limited to my failure to substantially comply with the terms of participation including, failure to (a) permit access for patient record reviews or; (b) accurately and appropriately bill ADAP Plus under the reimbursement methodology within 90 days from the date service was provided.
8. I recognize that I may request cancellation of my participation in the ADAP Plus Program giving to the NYS Department of Health not less than thirty (30) days written notice. I assure that such cancellation will accompany a description of the basis for the request. I agree to continue to provide and/or arrange services for currently served patients up to the date of termination. I assure that I will assist patients to maintain continuity of care; to provide them with information to assist them in transferring their care; and to make timely transfer of their records upon request.
9. I assure that I will abide by all ADAP Plus policies, procedures, and instructions provided by the State and I agree to bill ADAP Plus in accordance with the reimbursement methodology established by the State.

I understand and agree to comply with the standard assurances as specified in this agreement.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Return this form to: **ADAP Plus, Empire Station, P.O. Box 2052, Albany, NY 12220-0052**

ADDITIONAL SERVICE SITES FOR THIS PHYSICIAN:

MMIS Locator Code: Facility Name: _____

Address: _____

City: _____ State: Zip Code:

Main Phone: () - Ext:

Patient Phone: () - Ext:

MMIS Locator Code: Facility Name: _____

Address: _____

City: _____ State: Zip Code:

Main Phone: () - Ext:

Patient Phone: () - Ext:

MMIS Locator Code: Facility Name: _____

Address: _____

City: _____ State: Zip Code:

Main Phone: () - Ext:

Patient Phone: () - Ext:

MMIS Locator Code: Facility Name: _____

Address: _____

City: _____ State: Zip Code:

Main Phone: () - Ext:

Patient Phone: () - Ext:
