

**Self-Attestation Statement
Increased Primary Care Service Payment
7/1/2016 – 6/30/2018**



Pursuant to Miss. Code Ann. §§ 43-13-117, 43-13-121 qualified providers enrolled as a Mississippi Medicaid provider are eligible for an increased payment for certain primary care Evaluation and Management (E&M) and Vaccine Administration codes. DOM is extending the deadline for eligible providers to submit their 7/1/2016-6/30/2018 Self-Attestation Statement form to Conduent. To receive the increased payment for dates of service (DOS) beginning 7/1/2016, eligible providers must send a completed and signed 7/1/2016 – 6/30/2018 Self-Attestation Statement form to Conduent Provider Enrollment via e-mail to msinquiries@conduent.com, fax to (888) 495-8169, or mail to PO Box 23078, Jackson, MS 39225 by 8/1/2016. Providers whose 7/1/2016-6/30/2018 Self-Attestation Statement forms are e-mailed, postmarked or faxed during the extension timeframe of 6/30/2016-8/1/2016, will experience a delay in the reimbursement of the increased payment, which will be retroactively adjusted. Providers must notify Conduent of any change(s) to their completed 7/1/2016-6/30/2018 Self-Attestation Statement form.

Section I: Physicians Complete

Section II: Non-Physician Practitioners Complete

Physician's Name: _____ Provider Type
 MD DO

MS Medicaid Servicing Provider Number: _____ Individual NPI: _____

Physical Address: _____

Contact Name: _____

Contact Number: _____

Contact E-mail: _____

Non-Physician Practitioner's Name: _____ Provider Type
 NP PA

MS Medicaid Servicing Provider Number: _____ Individual NPI: _____

Physical Address: _____

Contact Name: _____

Contact Number: _____

Contact E-mail: _____

Check only one self-attestation statement:

- I attest that I am board certified by ABMS ABPS AOA from 07/01/2016 – 06/30/2018, as a specialist or subspecialist in:
 - Family Medicine
 - General Internal Medicine
 - Pediatric Medicine
- I attest that I am an eligible physician in one of the specialties/ subspecialties listed above but do not have an ABMS, ABPS, or AOA certification. I attest at least 60% of my total Medicaid paid codes for the previous calendar year were for the specific E&M and Vaccine Administration codes covered by the Division of Medicaid and will continue to bill at least 60% from 07/01/2016 – 06/30/2018.
- I am a newly enrolled Medicaid provider. I attest that I am an eligible physician in one of the specialties/ subspecialties listed above but do not have an ABMS, ABPS, or AOA certification. I attest at least 60% of my total Medicaid paid codes from 07/01/2016 – 06/30/2018 WILL BE for the specific E&M and Vaccine Administration codes covered by the Division of Medicaid.

 Physician's Signature

 Printed Name

Check only one self-attestation statement:

- I attest that I am a non-physician practitioner providing primary care services in a Practice Agreement with a qualified physician enrolled for increased primary care service payments as listed in Section I. The physician in my Practice Agreement has previously attested as an eligible physician from 07/01/2016 – 06/30/2018 and completed a self-attestation statement as listed below:

 Physician's Name

 Physician's Individual NPI

- I attest that I am a non-physician practitioner providing primary care services in a Practice Agreement with a qualified physician enrolled for increased primary care service payments as listed in Section I. The physician in my Practice Agreement has completed and signed Section I of **THIS** form from 07/01/2016 – 06/30/2018.

 Non-Physician Practitioner's Signature

 Printed Name