

**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 Xerox. 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 Xerox Provider Enrollment via e-mail to [msinquiries@xerox.com](mailto:msinquiries@xerox.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 Xerox 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 sub-specialist 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.

*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**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Printed Name**

*By signing this document, I certify that the information provided herein is true, accurate and complete to the best of my knowledge. I understand that any falsification, omission or concealment of a material fact may subject me to civil monetary penalties, fines, criminal prosecution, or disqualification from the Medicaid program. Under Mississippi Administrative Code, Title 23, Part 200, Rule 1.3, a provider who knowingly or willfully makes, or causes to be made, false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments may be prosecuted under federal and state criminal laws. A false attestation can result in civil and monetary penalties as well as fines, and may automatically disqualify the provider as a provider of Medicaid services.*  
 Revised 6/28/2016