

**Obstetrician/Gynecologist (OB/GYN) Self-Attestation Statement
and Re-Attestation Form for Increased Primary Care Service
Payment 7/1/2017 – 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. Pursuant to HB 1510, providers who self-attest to a specialty designation in obstetric/gynecologic medicine by ACOG will be eligible to receive an increased payment for certain primary care services effective July 1, 2017. To receive the increased payment for dates of service (DOS) beginning 7/1/2017, eligible providers must send a completed and signed 7/1/2017 – 6/30/2018 Obstetrician/Gynecologist (OB/GYN) Self-Attestation Statement form to Conduent Provider Enrollment via e-mail to msinquiries@conduent.com, fax to (888) 495-8169, or mail to P. O. Box 23078, Jackson, MS. 39225 by **6/30/2017** Providers whose 7/1/2017-6/30/2018 OB/GYN Self-Attestation Statement forms are e-mailed, postmarked or faxed after **5/31/2017** may experience a delay in the effective date of the increased payment. Providers must notify Conduent of any change(s) to their completed 7/1/2017-6/30/2018 OB/GYN Self-Attestation Statement form.

Section I: Physicians Complete

Section II: Non-Physician Practitioners Complete

<i>Physician's Name:</i> _____	<i>Provider Type</i> <input type="checkbox"/> MD <input type="checkbox"/> DO
<i>MS Medicaid Servicing Provider Number:</i> _____	<i>Individual NPI:</i> _____
<i>Physical Address:</i> _____ _____	
<i>Contact Name:</i> _____	
<i>Contact Number:</i> _____	
<i>Contact E-mail:</i> _____	

<i>Non-Physician Practitioner's Name:</i> _____	<i>Provider Type</i> <input type="checkbox"/> NP <input type="checkbox"/> PA
<i>MS Medicaid Servicing Provider Number:</i> _____	<i>Individual NPI:</i> _____
<i>Physical Address:</i> _____ _____	
<i>Contact Name:</i> _____	
<i>Contact Number:</i> _____	
<i>Contact E-mail:</i> _____	

Check only one self-attestation statement:

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- I attest that I am board certified by ACOG from 07/01/2017 – 06/30/2018, as a specialist or sub-specialist in:
 - Obstetric/Gynecologic Medicine
- I attest that I am an eligible physician in the specialty/ subspecialty listed above but do not have an ACOG 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 07/01/2017 – 06/30/2018.
- I am a newly enrolled Medicaid provider. I attest that I am an eligible physician in the specialty/ subspecialty listed above but do not have an ACOG certification. I attest at least 60% of my total Medicaid paid codes from 07/01/2017 – 06/30/2018 WILL BE for the specific E&M and Vaccine Administration codes covered by the Division of Medicaid.

- 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 07/01/2017 – 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 07/01/2017 – 06/30/2018.

Physician's Signature

Non-Physician Practitioner's Signature

Printed Name

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.