



Dear Provider:

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.

To receive the increased payment for dates of service (DOS) beginning 7/1/2021, eligible providers must send a completed and signed 7/1/2021 – 6/30/2024 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 **6/30/2021**. Providers whose 7/1/2021-6/30/2024 Self-Attestation Statement forms are e-mailed, postmarked, or faxed after 5/31/2018, may experience a delay in the increased payment reimbursement. Providers must notify Conduent of any change(s) to their completed 7/1/2021-6/30/2024 Self-Attestation Statement form.

Attached is the Mississippi Division of Medicaid's 7/1/2021 – 6/30/2024 Self-Attestation Statement form for qualified providers to complete in order to receive these increased payments for certain codes.

Instructions for completing the 7/1/2021 – 6/30/2024 Self-Attestation Statement form:

- All information entered on the 7 / 1 / 2 0 2 1 – 6 / 3 0 / 2 0 2 4 Self-Attestation Statement form must be complete and identical with the information currently on file at the Division of Medicaid including the provider name, Mississippi Medicaid provider number, NPI, etc.
- Incomplete forms will be returned to the provider.
- The form must be completed for the 7/1/2021 – 6/30/2024 attestation period.
- The provider must sign and date the form.

Qualified Physicians:

- Must complete, sign and date Section I of the 7/1/2021 – 6/30/2024 Self-Attestation Statement form.
- Must be currently enrolled as an active Mississippi Medicaid provider.
- Must deliver certain primary care services (refer to the physician fee schedule document Increased Primary Care Provider Fee Schedule on DOM's website).
- Must self-attest to a specialty designation in family medicine, general internal medicine, pediatric medicine, obstetric/gynecologic medicine, or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), the American Congress of Obstetricians and Gynecologists (ACOG), the American Osteopathic Association (AOA) and one of the following:
 1. Board certification.
 2. Sixty (60%) of their total Medicaid paid codes for the previous

Calendar year was for specified Evaluation & Management (E & M) or Vaccine Administration codes.

3. New Medicaid providers with no billing history must attest that at least 60% of their total Medicaid paid billing codes WILL BE for specified E&M and Vaccine Administration codes.
- Will receive one hundred (100%) of the Medicare rate for certain primary care services.

Qualified Non-Physician Practitioners:

- Must complete, sign and date Section II of the Self-Attestation Statement form.
- Must be currently enrolled as an active Mississippi Medicaid provider.
- Must deliver certain primary care services.
- Must be in a practice agreement with a qualified physician who has completed Section I of the 7/1/2021 – 6/30/2024 Self-Attestation Statement form. The qualified physician is only required to complete Section I once. If the qualified physician has already self-attested, then the name and NPI of the physician should be entered in Section II.
- Will receive an increased payment based on the current percentage of the increased physician payment.

Excluded providers include those rendering services in:

- Federally Qualified Health Centers (FQHC),
- Rural Health Clinics (RHC), or
- Mississippi Health Department clinics.

Completed forms must be submitted to Conduent Provider Enrollment in one of the following ways:

- **E-mailed to:** msinquiries@conduent.com
- **Mailed to:** P. O. Box 23078
Jackson, MS. 39225
- **Faxed to:** (888) 495-8169

Please contact Conduent at (800) 884-3222 if you have any questions or need additional assistance.

Sincerely,

Provider Enrollment