

**Self-Attestation Statement
Increased Primary Care Service Payment
7/1/2021 – 6/30/2024**



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 Gainwell via e-mail to ms_provider.inquiry@gainwell.onmicrosoft.com, fax to (866) 644-6148, or mail to PO 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 5/31/2021, may experience a delay in processing which may impact increased payment reimbursement. Providers must notify Gainwell of any change(s) to their completed 7/1/2021-6/30/2024 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
 ACOG AOA from 07/01/2021 – 06/30/2024 as a specialist or sub-specialist in:
 Family Medicine
 General Internal Medicine
 Obstetric/Gynecologic 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, ACOG 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 07/01/2021 – 06/30/2024.

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, ACOG or AOA certification. I attest at least 60% of my total Medicaid paid codes from 07/01/2021 – 06/30/2024 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 07/01/2021 – 06/30/2024 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 07/01/2021 – 06/30/2024.

Non-Physician Practitioner'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.