

# Self-Attestation Statement Increased Primary Care Service Payment



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, eligible providers must send a completed and signed Self-Attestation Statement form to Gainwell Provider Enrollment via e-mail to [ms\\_provider.inquiry@mygainwell.onmicrosoft.com](mailto:ms_provider.inquiry@mygainwell.onmicrosoft.com), fax to (866) 644-6148, or mail to PO Box 23078, Jackson, MS 39225. Providers should update their provider file, including updating or rescinding the primary care provider self-attestation form, with Gainwell when changes occur that impacts the information in the provider file.

## 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:*

- I attest that I am board certified by  ABMS  ABPS  ACOG  AOA 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 and 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%.
- 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 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 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.

\_\_\_\_\_  
*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.*