

Effective January 1, 2013, the CMS rule "Medicaid Program; Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration under the Vaccines for Children Program" implements higher Medicaid payments for primary care services by certain physicians in calendar years (CYs) 2013 and 2014.

In order to receive the increased payment, a physician may self-attest that he / she:

- (1) Is board certified with, and practices in, a specialty designation of family medicine, general internal medicine or pediatric medicine or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA); or
- (2) Practices in a primary care specialty and has furnished evaluation and management services and vaccine administration services that equal at least 60 percent of the Medicaid codes he or she has billed during the most recently completed CY or, for newly eligible physicians, the prior month.

In order to be considered for the increased payment, providers must fill out the following form.

Provider Name	Provider NPI
Billing Provider Name(s) (group, clinic, corporation, etc.)	Provider Group NPI number(s)

NOTE: If you are a physician extender working under the direction of a qualifying physician or with a physician who accepts professional responsibility and legal liability you may qualify based on that physician's qualifications. Please indicate your provider type, the physician's name and NPI number and have the physician sign and date below.

<input type="checkbox"/> 305 – Physician Assistant <input type="checkbox"/> 316 – Nurse, CN Practitioner <input type="checkbox"/> 320 –Pharmacist Clinician <input type="checkbox"/> 322 – Midwife, Certified Nurse	<input type="checkbox"/> I practice under the direction of a supervising physician <i>and/or</i> <input type="checkbox"/> I practice with a physician who accepts professional responsibility and legal liability for me. Physician's name: Physician's NPI: Physician's Signature : _____ Date: _____
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I attest that I meet one of the following criteria: please check either (1) or (2)

(1) _____ I am certified in the following specialty by one of the boards below that is designated by CMS as eligible to receive the increased payment **AND** I practice in that specialty (*please circle both the appropriate specialty and subspecialty*). Please attach a copy of the certification document.

This certification is in effect from: _____ to _____
(Begin Date) (Expiration Date)

American Board of Medical Specialties (ABMS)

Specialty: Family Medicine

Subspecialties: Adolescent Medicine Geriatric Medicine Hospice and Palliative Medicine
 Sleep Medicine Sports Medicine

Specialty: Internal Medicine

Subspecialties: Adolescent Medicine Advanced Heart Failure and Transplant Cardiology Cardiovascular Disease
 Clinical Cardiac Electrophysiology Critical Care Medicine Endocrinology
 Diabetes and Metabolism Gastroenterology Geriatric Medicine
 Hematology Hospice and Palliative Medicine Infectious Disease
 Interventional Cardiology Medical Oncology Nephrology
 Pulmonary Disease Rheumatology Sleep Medicine
 Sports Medicine Transplant Hepatology Adult Congenital Heart Disease

Specialty: Pediatrics

 Adolescent Medicine Child Abuse Pediatrics Developmental-Behavioral Pediatrics

Subspecialties: Hospice and Palliative Medicine Medical Toxicology Neonatal-Perinatal Medicine
 Neurodevelopmental Disabilities Pediatric Cardiology Pediatric Critical Care Medicine
 Pediatric Emergency Medicine Pediatric Endocrinology Pediatric Gastroenterology
 Pediatric Hematology - Oncology Pediatric Infectious Diseases Pediatric Nephrology
 Pediatric Pulmonology Pediatric Rheumatology Pediatric Transplant Hepatology
 Sleep Medicine Sports Medicine

American Osteopathic Association (AOA).

Specialty: Family Physicians
 (No subspecialties)

Specialty: Internal Medicine

Subspecialties: Allergy/Immunology Cardiology Endocrinology
 Gastroenterology Hematology Hematology/Oncology
 Infectious Disease Pulmonary Diseases Nephrology
 Oncology Rheumatology

Specialty: Pediatrics

Subspecialties: Adolescent and Young Adult Medicine Neonatology Pediatric Allergy/Immunology
 Pediatric Endocrinology Pediatric Pulmonology

American Board of Physician Specialties (ABPS)

The ABPS does not certify subspecialists. Therefore, eligible certifications are (please circle one):

American Board of Family Medicine Obstetrics Board of Certification in Family Practice Board of Certification in Internal Medicine

(2) _____ I have furnished the specified E&M services and vaccine administration services that equal at least 60% of the Medicaid codes I have billed during the most recently completed CY or, for newly eligible physicians, the prior month **AND** I practice in one of the CMS designated primary care specialties: (circle one of the following)

General / Internal Medicine Family Medicine Pediatric Medicine

The following are considered by CMS to be "primary care" codes:
 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99224, 99225, and 99226 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395 and 99420. The following codes are the allowed vaccine codes: 90460, 90461, 90471, 90472, 90473, 90474.

Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws.

Original signature required.

I understand that payment of claims will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state law.

Printed Name	Signature	Date
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New Mexico Medicaid project staff may need to contact you regarding the completion of this form. Please list contact details.

Contact Person	Telephone Number	E-Mail Address
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**Please note that MAD will annually be required to review a statistically valid sample of providers who received higher payment to verify that they either were appropriately Board certified or that 60 percent of their claims during that period were for the identified E&M codes. If this review does not support the self attestation, the increased payments will be subject to recoupment.*

Return completed application to:

**Ellen Maestas-Waller
 Medical Assistance Division - Human Services Department
 P.O. Box 2348
 Santa Fe, New Mexico 87504-2348**