

ATTESTATION

**NEW YORK STATE MEDICAID
FEE FOR SERVICE AND MANAGED CARE
PRIMARY CARE RATE INCREASE (PCRI)**

(REVIEW INFORMATION AND INSTRUCTIONS ON PAGE 2)

MAIL ATTESTATION TO:
**COMPUTER SCIENCES CORP.
PO BOX 4610
RENSELAER, NY 12144-4610**

A. I, _____ (*print or type name*) am a physician practicing in Family Medicine, General Internal Medicine or Pediatric Medicine, effective ___/___/____ (*date must be between 1/1/13-12/31/2014*).
(mm/dd/yyyy)

Complete B or C

B. I am a Board Certified Specialist or Subspecialist in Family Medicine, General Internal Medicine or Pediatric Medicine. My Board Certification is recognized by (check one):

- American Board of Medical Specialties (ABMS)* *American Board of Physician Specialties (ABPS)*
 American Osteopathic Association (AOA)

C. I am a physician and I have provided evaluation and management services (99201 through 99499) and vaccine administration services (90460, 90471, 90472, 90473, 90474 or their successor codes) which equal at least 60 percent of the Medicaid codes paid to me during the most recent calendar year, or if as a newly enrolled provider, the prior month.

If applicable, complete D

D. I am a physician, who personally supervises, is legally liable and assumes professional responsibility for the following Nurse Practitioners and Nurse Midwives who submit claims to Medicaid and/or Medicaid Managed Care Plan(s) with their NPI.

| NP / NM Name (typed or printed) | Signature of NP / NM / Date | NPI of NP / NM | Effective Date |
|---------------------------------|-----------------------------|----------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION ON THIS STATEMENT MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR SECRETARY, AS APPROPRIATE.

My signature below attests to the New York State Medicaid Program, including its Managed Care plans that I and those I personally supervise qualify for the Medicaid Primary Care Rate Increase.

Physician Signature / Date

Physician NPI

Mailing Address (for use if there are questions on your Attestation)

INFORMATION

Pursuant to 42 CFR, Section 447.400, effective for dates of service on and after January 1, 2013 through December 31, 2014, the New York State Medicaid Program (including its Managed Care Plans) will pay the Medicare rate for specified primary care services to providers who attest to qualification for the Primary Care Rate Increase (PCRI). A physician is eligible only if he/she first self-attests to practicing in Family Medicine, General Internal Medicine or Pediatric Medicine **and** also to **either**: being Board Certified in the designated specialties/subspecialties; **or** having a 60 percent primary care claims history. The PCRI is not available for physicians, nurse practitioners or nurse midwives who are reimbursed through an FQHC, RHC, DTC or a facility's encounter, visit, or per diem rate.

INSTRUCTIONS

A. Complete (type or print) **only if you practice in Family Medicine, General Internal Medicine or Pediatric Medicine. If you do not practice in any of these fields, you do not qualify for the PCRI** and you should not complete this attestation. **Either B or C must be completed to verify your qualification for the PCRI. The effective date must be between 1/1/13-12/31/14.**

B. Check the appropriate Board through which you are **currently Board Certified** in at least one of the following **Specialties or Subspecialties**:

ABMS:

Family Medicine: Adolescent Medicine; Geriatric Medicine; Hospice and Palliative Medicine; Sleep Medicine; Sports Medicine

Internal Medicine: Adolescent Medicine; Advanced Heart Failure and Transplant Cardiology; Allergy/Immunology (A/I); 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

Pediatrics: Adolescent Medicine; A/I; Child Abuse Pediatrics; Developmental-Behavioral Pediatrics; 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

AOA:

Family Medicine: No subspecialties

Internal Medicine: Allergy/Immunology; Cardiology; Endocrinology; Gastroenterology; Hematology; Hematology/Oncology; Infectious Disease; Pulmonary Diseases; Nephrology; Oncology; Rheumatology

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

ABPS: The ABPS does not certify subspecialists. Therefore, eligible certifications are: American Board of Family Medicine Obstetrics; Board of Certification in Family Practice; and Board of Certification in Internal Medicine. There is no Board certification to Pediatrics.

C. Check if B does not apply to you but you provide **evaluation and management and vaccine administration services** as defined which equal at least **60% of the Medicaid codes paid to you** during the most recent calendar year, or if a newly enrolled provider, the prior month.

D. Check D only if you supervise Nurse Practitioners or Nurse Midwives under the following criteria. The final rule specifies that services must be delivered under the Medicaid physician services benefit. This means that higher payment also will be made for primary care services rendered by practitioners working under the personal supervision of a qualifying physician. The rule makes clear that, while deferring to state requirements regarding supervision, the expectation is that the physician assumes professional responsibility for the services provided under his or her supervision. This normally means that the physician is legally liable for the quality of the services provided by individuals he/she is supervising. If this is not the case, the practitioner would be viewed as practicing independently and would not be eligible for the PCRI. The eligibility of services provided by advanced practice clinicians is dependent on 1) the eligibility of the physician and 2) whether or not the physician accepts professional responsibility for the services provided by the practitioner. **NP / NM Name, NPI, Signature and date are required.** If registering more than four NP's and/or NM's, complete another Attestation form. **The effective date must be between 1/1/13-12/31/14, and within the supervising physician's qualification period.**