

**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:  
eMedNY  
PO BOX 4610 RENSSELAER,  
NY 12144-4610

**CHANGE/UPDATE ATTESTATION & QUALIFICATION**

Choose A or B. Complete C if applicable.

**A.  Retroactive Re-Attestation of Qualification Date**

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)

**B.  Withdrawal from PCRI program**

I, \_\_\_\_\_ (print or type name) am a physician **not** practicing in Family Medicine, General Internal Medicine or Pediatric Medicine, effective \_\_\_/\_\_\_/\_\_\_\_\_ (date must be between 1/1/13-12/31/2014).  
(mm/dd/yyyy)

**If applicable, complete C**

**C.  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. The effective date of the changes must be between 1/1/13-12/31/14, and within, and consistent with, the physician's qualification period.**

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)

**eMedNY 490303 (10/19/16)**

### **INSTRUCTIONS**

- A.** Check and Complete **Section A** to include the **revised Effective Date of your practice** in Family Medicine, General Internal Medicine or Pediatric Medicine (See information below). The Effective Date **must** be between 1/1/2013 and 12/31/ 2014.
- B.** Check and Complete **Section B** if you wish to **withdraw** from the PCRI program. The Effective Date of your withdrawal **must** be between 1/1/2013 and 12/31/ 2014. If your original attestation also qualified Nurse Practitioner(s)/Nurse Midwives, they will be withdrawn from the program. They may re-attest under another supervising physician.
- C.** Check and Complete **Section C** to **include the Nurse Practitioners or Nurse Midwives** from your original attestation form, whether choosing a revised Effective Date (A) or Withdrawal (B). The Nurse Practitioners/Nurse Midwives **must** sign the form with an Effective Date within their supervising physician's qualification period. 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 Effective Date are required.** If you are registering more than four NPs/NMs, complete another *Change/Update Attestation & Qualification Form*.

### **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 careclaims 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.

**Below are the specialties and subspecialties that meet the qualifications for the PCRI program.**

#### **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.