

**Medicaid and Long-Term Care
 Enhanced Primary Care Rates Provider Attestation Form**

Effective January 1, 2013, to be eligible for enhanced rate payments, providers must:

1. Be enrolled as a physician (MD or DO) or a non-physician practitioner (PA) who is supervised by a physician who is enrolled for the enhanced rate.
2. Be an enrolled Nebraska Medicaid provider as a primary care physician (or a subspecialty under one of these specialties: family medicine, general internal medicine, or pediatrics).
3. Attest to being a primary care physician by one of the following:
 - a. Board certification as a primary care physician by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA) or eligible subspecialty.
 - b. Have furnished evaluation & management (E&M) and vaccines services (codes specified by federal regulation) that equal at least 60% of the Medicaid codes billed during the most recently completed fiscal year.
4. Complete this form, sign it, and submit the original to the address provided below.

**All of the fields below must be completed legibly. Make a copy for your records. Send the original form to:
 DHHS Medicaid & Long-Term Care, Enhanced PCP Rates, P.O. Box 95026, Lincoln, NE, 68509-5026**

1. Provider Name: _____
2. Provider Individual NPI: _____
3. Nebraska Medicaid Provider Number(s): _____
4. Provider Type: Physician (MD or DO) Physician Assistant (PA)
 (4a) If PA, Name & NPI of Supervising Physician: _____
5. Provider Specialty Designation: Family Medicine Family Practice Internal Medicine Pediatrics
 (5a) or eligible subspecialty: _____
6. Provider License Number: _____

Method of Self Attestation (complete 7a or 7b)

(7a) Board Certification

Certifying Board: ABMS ABPS AOA

I attest that I have a certification recognized by the ABMS, the ABPS, or the AOA as a primary care physician and I meet the requirements in federal and state regulations to receive the enhanced payment.

 Signature

 Printed Name

 Date

(7b) 60% Attestation

PROVIDERS WITH BILLING HISTORY: I attest that I am an eligible primary care physician but do not have a certification recognized by the ABMS, the ABPS, or the AOA. I attest that at least 60% of my total Medicaid billings for the previous calendar year were for the specific evaluation and management (E&M) and vaccine services published in the final federal rule and meet the requirements to receive the increased payment.

PROVIDERS WITHOUT BILLING HISTORY: I attest that I am an eligible primary care physician but do not have a certification recognized by the ABMS, the ABPS, or the AOA. I attest that at least 60% of my total Medicaid billings WILL BE for the specific evaluation and management (E&M) and vaccine services published in the final federal rule and meet the requirements to receive the increased payment.

 Signature

 Printed Name

 Date