



Medicaid Primary Care Physician (PCP) Certification and Attestation Form

Section I: Instructions

Please complete the information in Sections II, III, IV, V or VI and do one of the following: [upload on the provider portal](#), fax to (501) 374-0549, or mail to:

Medicaid Provider Enrollment Unit
Gainwell Technologies
P.O. Box 8105
Little Rock, AR 72203-8105

Section II: Provider Information

Provider Name

Business Name (if applicable)

Street Address

City

County

State

ZIP Code

(_____) _____

Provider Telephone Number

Provider Arkansas Medicaid Number

Provider State License Number

Check your specialty

Certification:

Family Practice

General Medicine

Pediatrics

List any
subspecialties:

Section III: General Information

Section 1902(a)(13)(C) of the Social Security Act specifies that physicians with a primary specialty designation of family medicine, general internal medicine or pediatric medicine are primary care providers. Those that render evaluation and management codes and services related to immunization administration for vaccines and toxoids for specified codes would be eligible for reimbursement. As proposed in 42 CFR 447, "Payment for Services" in order to be eligible for the increased payment, the following requirements must be met.

The provider must :

- Be a physician defined in 42 CFR 440.50 or under the personal supervision of a physician with specialist designation in family practice, general internal medicine or pediatrics or a subspecialty recognized by the American Board of Medical Specialists (ABMS), American Board of Physician Specialists (ABPS) or American Osteopathic Association (AOA) and
- Be board certified in the specialty or subspecialty or
- Have furnished evaluation and management (E & M) and vaccines services that equal at least 60% of the Medicaid codes billed during the most recent Calendar Year.

Non-physician practitioners who meet the criteria and provide primary care services must be under the direct personal supervision of a physician. Providers will be required to attest in calendar year 2013 and calendar year 2014. Providers will begin receiving payments in the quarter they attest. Providers will receive payments for all eligible claims back to January 1 of the current calendar year.

Section IV: Attestation

I attest that according to 42 Code of Federal Regulations (CFR) 447 "Payment of Services," I am eligible for the increased payment because I am a physician as defined in 42 CFR 440.50 with one of the following specialty or subspecialty designations recognized by the American Board of Medical Specialties (ABMS), American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA).

(Initial here and choose an option below.) Initial _____

- Family Practice
- General Medicine
- Pediatrics

List subspecialties (if applicable) _____

Only under the professional responsibility of the physician will a higher payment be made for primary care services rendered by practitioners working under the personal supervision of a qualifying physician. Please list all nurse practitioners along with their NPI number(s) for whom you assume professional responsibility and supervise who may be eligible to receive the fee for eligible services.

Section V: Certification

Complete this section only if you have a certification from the ABMS, ABPS or AOA (attach copy of certification if available).

Board Certification Effective Date (s) Begin Date End Date

I attest that I have a certification recognized by the ABMS, ABPS or AOA and meet the requirements by Federal and State regulations to receive the increased payment.

Signature Printed Signature Date

Section VI: 60% Attestation

Complete this section **only** if you **do not** have a certification from the ABMS, ABPS or AOA but at least 60 % of your total Arkansas Medicaid billings for the previous calendar year are for E & M and vaccine administration codes. (Codes are specified by Federal and State regulation).

Current Enrolled Providers Only (those who have billing history):

I attest that I am an eligible primary care specialist or subspecialist but I do not have a certification recognized by the ABMS, ABPS or AOA. I attest that at least **60%** of my **total Arkansas Medicaid** billings for the previous calendar year were for the E & M and vaccine administration codes as published in the final Federal and State regulation and meet the requirements to receive the increased payment.

New Providers Only (those who have no billing history):

I attest that I am an eligible primary care specialist or subspecialist but I do not have a certification recognized by the ABMS, ABPS or AOA; that at least **60%** of my **total** billings for the prior month to Arkansas Medicaid will be for qualified E & M and vaccine administration codes as published in the final Federal and State regulation and meet the requirements to receive the increased payment.

All Providers

I give permission for the Arkansas Department of Human Services to update my enrollment/provider information to reflect the above stated information.

Under these regulatory provisions, the supplemental payment is only applicable for dates of services on or after January 1, 2013 through December 31, 2014.

Arkansas Medicaid under the authority of sections 1902(a) (4) and 1903 (i) (2) and 1909 of the Social Security Act Subpart A can implement investigation and, depending on findings, recoup Arkansas Medicaid provider payment.

Signature Printed Signature Date