

ONLY COMPLETE THIS FORM IF YOU ARE NOT ENROLLED AS A VIRGINIA MEDICAID PROVIDER WITH THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES.



This form should be faxed to the MCO(s) that you hold agreements with. Their numbers are below:

INTotal Health: 703-286-7393	Anthem HealthKeepers: 804-354-4601	CoventryCares of Virginia: 866-874-4145	Kaiser Permanente of the Mid-Atlantic States 877-806-7470
MajestaCare: 855-385-4049	Optima Family Care: 757-552-7576	Virginia Premier Health Plan: 804-819-5366	

MCO Certification and Attestation for Physician Primary Care Rate Increase Form

Section I: Provider Information

PROVIDER NAME		PROVIDER NPI NUMBER	
DESIGNATED CONTACT NAME	DESIGNATED CONTACT PHONE NUMBER	DESIGNATED CONTACT E-MAIL ADDRESS	

Section II: Information & Attestation

Section 1902(a)(13)(C) of the Social Security Act requires States to pay Medicare rates to physicians with a primary specialty designation of family medicine, general internal medicine or pediatric medicine for evaluation and management (E&M) services (CPT codes 99201 thru 99499) or vaccine administration services furnished to a Medicaid member in Calendar Years 2013 and 2014.

States must make increased payments for services furnished by a physician, or under the personal supervision of a physician who self-attests to a specialty designation of family medicine, general internal medicine or pediatric medicine or a related subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), the American Osteopathic Association (AOA) or the American Board of Allergy and Immunology (ABAI), and then attests that he/she:

1. Is Board Certified with such a specialty or subspecialty; or
2. Has furnished Evaluation and Management services (CPT codes 99201 thru 99499) and vaccine administration services that equal at least 60% of the Medicaid codes he or she has billed during the most recently completed calendar year or, for newly eligible physicians, the prior month.

Physicians should check the appropriate attestation below. Before attesting, physicians should review additional guidance regarding attestation in the Medicaid Memo dated December 28, 2012. A physician who maintains one of the eligible board certificates, but actually practices in a non-eligible specialty should not self-attest to eligibility for higher payment. Similarly, a physician board certified in a non-eligible specialty (for example, surgery or dermatology) who practices within the community as, for example, a family practitioner could self-attest to a specialty designation of family medicine, internal medicine or pediatric medicine and a supporting 60% claims history. At the end of CY 2013 and 2014, the Medicaid agency must review a statistically valid sample of physicians who received higher payments to verify that they meet the requirements.

- I attest to a specialty designation of family medicine, general internal medicine or pediatric medicine and I have a board certification in family medicine, general internal medicine or pediatric medicine or related subspecialty recognized by the ABMS, ABPS, AOA or ABAI.
 Please check here if certified by the American Board of Allergy and Immunology.
- I attest to a specialty designation of family medicine, general internal medicine or pediatric medicine and I have furnished E&M and vaccine administration services described in the federal rule that equal at least 60% of the Medicaid codes billed during the most recently completed calendar year or, for newly eligible physicians, the prior month.

Signature	Printed Signature	Date
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