

Effective January 1, 2015, New Mexico Medical Assistance Division "Medicaid Program; Payments for Services Furnished by Certain Primary Care Physicians Program" implements higher Medicaid payments for primary care services by certain physicians beginning in calendar year (CY) 2015.

In order to receive the increased payment, a physician may self-attest that he / she:

- (1) Is board certified and practices in a specialty designation of family medicine, general internal medicine, or pediatric medicine, or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA), or;
- (2) Practices in a primary care specialty and attests to evaluation and management services and vaccine administration services that equal at least 60 percent of the Medicaid codes billed during the prior CY, or for newly eligible physicians, the prior month.

In order to be considered for the increased payment, providers must complete the following form:

Provider Name	Provider NPI	Provider Medicaid ID (s)
Billing Provider Name (group, clinic corporation, etc.)	Provider Group NPI number (s)	Provider Group Medicaid ID (s)

EXTENDERS NOTE: Physician extenders working under the direction of a qualifying physician may qualify based on that supervising physician's qualifications. Supervising physicians must also self-attest and qualify for this program and accept professional responsibility and legal liability for the Physician extender. Please check your provider type, initial the professional responsibility box, provide the physician's name and NPI number and have the supervising physician sign and date below. **Extenders are responsible for providing MAD with updated information anytime there is a change with their supervising physician.**

<input type="checkbox"/> 305 Physician Assistant <input type="checkbox"/> 316 Certified Nurse Practitioner <input type="checkbox"/> 320 Pharmacist Clinician <input type="checkbox"/> 322 Certified Nurse Midwife	<input type="checkbox"/> I practice under the direction of a supervising physician who accepts professional responsibility and legal liability for me (<i>please check</i>). Physician's name _____ Physician's NPI _____ Supervising Physician's Signature _____ Date: _____
--	--

I attest that I meet one of the following criteria: *please check and complete either (1) or (2)*

(1) I am certified in the following specialty by one of the boards below that is designated by CMS as eligible to receive the increased payment **AND** I practice in that specialty (*please check the board and the appropriate specialty or subspecialty*). **Please attach a copy of the board certification document.** The certification is in effect from: _____ to _____

Begin date Expiration Date

CERTIFYING BOARD: American Board of Medical Specialties (ABMS) American Osteopathic Association (AOA)

American Board of Physician Specialties (ABPS) no subspecialties but included the following eligible boards:
 American Board of Family Medicine Obstetrics
 Board of Certification in Family Practice
 Board of Certification in Internal Medicine

SPECIALITIES: **Family Medicine** **Internal Medicine** **Pediatric Medicine**

Subspecialties:

<input type="checkbox"/> Adolescent Medicine	<input type="checkbox"/> Hematology	<input type="checkbox"/> Pediatric Emergency Medicine
<input type="checkbox"/> Adolescent and Young Adult Medicine	<input type="checkbox"/> Hematology Oncology	<input type="checkbox"/> Pediatric Endocrinology
<input type="checkbox"/> Adult Congenital Heart Disease	<input type="checkbox"/> Hospice and Palliative Medicine	<input type="checkbox"/> Pediatric Gastroenterology
<input type="checkbox"/> Advance Heart Failure	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Pediatric Hematology-Oncology
<input type="checkbox"/> Allergy/Immunology	<input type="checkbox"/> Interventional Cardiology	<input type="checkbox"/> Pediatric Infectious Diseases
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Medical Oncology	<input type="checkbox"/> Pediatric Nephrology
<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Medical Toxicology	<input type="checkbox"/> Pediatric Pulmonology
<input type="checkbox"/> Child Abuse Pediatrics	<input type="checkbox"/> Neonatal-Perinatal Medicine	<input type="checkbox"/> Pediatric Rheumatology
<input type="checkbox"/> Clinical Cardiac Electrophysiology	<input type="checkbox"/> Neonatal	<input type="checkbox"/> Pediatric Transplant Hepatology
<input type="checkbox"/> Critical Care Medicine	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Pulmonary Disease
<input type="checkbox"/> Developmental Behavioral Pediatrics	<input type="checkbox"/> Neurodevelopmental Disabilities	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Endocrinology, Diabetes & Metabolism	<input type="checkbox"/> Oncology	<input type="checkbox"/> Sleep Medicine
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Pediatric Allergy/Immunology	<input type="checkbox"/> Sports Medicine
<input type="checkbox"/> Geriatric Medicine	<input type="checkbox"/> Pediatric Cardiology	<input type="checkbox"/> Transplant Hepatology
	<input type="checkbox"/> Pediatric Critical Care Medicine	<input type="checkbox"/> Transplant Cardiology

(2) I attest to having specified E&M services and vaccine administration services that equal at least 60% of the Medicaid codes I have billed during the prior CY, or for newly eligible physicians, the prior month **AND** I practice in one of the CMS designated primary care specialties: (*check one of the following*)

Family Medicine

General / Internal Medicine

Pediatric Medicine

The following codes are considered by CMS to be E&M "primary care" codes:

99201-99205, 99211-99215, 99217-99226, 99231-99236, 99238, 99239, 99241-99245, 99251-99255, 99281-99285, 99288, 99291, 99292, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99354-99357, 99381-99387, 99391-99397, 99401-99409, 99420, 99460-99469, 99471, 99472, 99475-99480 and 99490.

The following codes are the allowed vaccine administration codes for 60% threshold calculation purposes only: 90460, 90461, 90471, 90472, 90473, and 90474.

Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws.

I understand that payment of claims will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state law.

Original signature required.

Printed Name	Signature	Date

New Mexico Medicaid project staff may need to contact you regarding the completion of this form. Please list contact details.

Contact Person	Telephone Number	E-Mail Address

Return completed application to:

Ellen Maestas-Waller

Ellen.Maestas-Waller@state.nm.us

Medical Assistance Division - Human Services Department

P.O. Box 2348

Santa Fe, New Mexico 87504-2348