

EXAMPLE Instructions



ATTESTATION FORM – FOR USE BY PROVIDERS ONLY BILLING MEDICARE/MEDICAID CROSSOVER CLAIMS
If you bill an MCO, you MUST COMPLETE the FORM(s) for EACH MCO that you bill.
Each MCO will provide TennCare with your Qualifying Information.

Section I: Instructions

Complete the information in Section II, III, IV, and VI if you are ONLY attesting as a qualified/eligible Physician. If you are a qualified/eligible Physician and are attesting that you accept professional responsibility for a Mid-Level Non-Physician Practitioner, you MUST complete ALL Sections of this form (Section II, III, IV, V and VI). Incomplete forms will be returned to the mailing address for correction. Sign and return by fax (preferred) or mail to:

Bureau of TennCare
Attention: PCP Attestation Process
P.O. Box 778
Nashville, TN 37203

ALL Blocks in Section II MUST be Completed

Fax Number: (855) 335-1012 (Preferred Method of Return)

Section II: Provider Information (All physicians must complete this section). All fields in Section III apply to the Rendering Provider as identified in field 24J of the CMS-1500 claim form.

Physician Name	Telephone Number	Contact Name		
Street Address	City	State	Zip Code	
Tennessee Medicaid Number	Provider NPI Number	Tax I.D. Number		

MUST Check at least One

Section III: Attestation (All physicians must complete this section)

I attest that I am a physician with a specialty or subspecialty designation of (Check at least one):
 Family Medicine General Internal Medicine Pediatric Medicine

AND,

I attest that, to the best of my knowledge and information, such designation is supported by (Check at least one)**.

Certification as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by one of the following board certification organizations: American Board of Medical Specialties (ABMS), American Osteopathic Association (AOA), and American Board of Physician Specialties (ABPS),

OR

At least 60% of my total Medicaid codes paid, (for all TennCare enrollees statewide), for the most recently completed calendar year or for newly eligible physicians the prior month, were E&M (99201 through 99499) and vaccine administration codes (90460, 90461, 90471, 90472, 90473, 90474, or their successors).

I attest that I meet the above criteria from January 1, 2013, through December 31, 2014. I understand that the Managed Care Organizations (MCOs)/TennCare will verify that I meet the criteria for payment at the Medicare rate by validating board certification or reviewing claims to ensure that the 60% threshold has been met. I agree to cooperate and provide a copy of the board certification upon request by the MCOs/TennCare. Furthermore, I agree to notify the MCOs/TennCare immediately if I no longer meet the requirements for self attestation as a provider qualified for this payment. I further understand that if it is later determined I did not qualify for payment under this provision, then Medicaid will recoup the difference between the Medicare rate and the Medicaid rate associated with dates of service that I was not qualified. The payment rate for the qualified codes shall be the greater of the Medicare rate or the provider's contracted rate with the MCO, if applicable, in effect on the date of service. For providers billing TennCare for Medicare/Medicaid crossover payments, the combined Medicaid and Medicare rate will equal the Medicare rate in effect on the date of service.

Completed attestation forms received by **July 15, 2013** will receive an effective date of January 1, 2013. Completed attestations received after **July 15, 2013** will receive an effective date no earlier than the date of receipt.

MUST Check One OR the Other

This MUST be Checked IF Attesting to Board Certification in Section III

MUST Be Completed IF Attesting to Board Certification in Section III

May or May Not be Completed

ATTESTATION

Section IV: Attestation of Board Certification (Complete this section ONLY if you checked the box above indicating you are board certified in one of the specialties/subspecialties)

(Please check) I attest that, to the best of my knowledge and information, the specialty or subspecialty designation identified in Section III is further supported by the certification as a specialist or subspecialist with family medicine, general internal medicine, or pediatric medicine by one of the boards listed in Section III.

List applicable board certification(s) and certifying board(s). This information will be used for verification purposes.

Certifying Board(s)	Specialty Board Certification(s)	Subspecialty Board Certification(s)
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IF Completing Section V, Printed Name of Supervising Physician MUST be Present

Section V: Qualified Physician's Attestation Regarding Mid-level / Non-Physician Practitioners

Increased payments are also available to mid-level / non-physician practitioners who are 1) determined eligible, AND 2) the physician accepts responsibility for the services provided by I, _____, attest that the following mid-level / non-physician practitioner(s), _____, supervise, are eligible for the enhanced payments based on the prior statement:

Printed Name of Supervising Physician

1. Practitioner Name		Telephone Number	Contact Name	
Street Address		City	State	Zip Code
Tennessee Medicaid Number	Provider NPI Number			
2. Practitioner Name		Telephone Number	Contact Name	
Street Address		City	State	Zip Code
Tennessee Medicaid Number	Provider NPI Number		Tax I.D. Number	
3. Practitioner Name		Telephone Number	Contact Name	
Street Address		City	State	Zip Code
Tennessee Medicaid Number	Provider NPI Number		Tax I.D. Number	

For EACH Practitioner that is attested for, ALL Blocks must be Complete. May attest for 1, 2 or 3. If more than 3, a New Form MUST be COMPLETED and Submitted.

ALL 3 Blocks MUST be Complete

Note: If more than 3, we must receive a separate completed form. We will not accept additional copies of the second page as attachments.

Section VI: Signature Required (Physician)

**Physician Signature	Printed Name	Date
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** Please note that the MCOs/TennCare will annually be required to review a statistically valid sample of providers who received higher payment to verify that they either were appropriately Board certified or that 60 percent of their paid claims during that period were for the identified E&M (99201 through 99499) and vaccine administration codes (90460, 90461, 90471, 90472, 90473, 90474, or their successors). If this review does not support the self attestation, the increased payments will be subject to recoupment.