

# Primary Care Provider

Certification Attestation

**MMAC**

[www.mmac.mo.gov](http://www.mmac.mo.gov)

573-751-3399

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http://mmac.mo.gov/

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Missouri Department of SOCIAL SERVICES

Jay Nixon, Governor  
Brian Kinkade, Interim DSS Director  
Markus Cicka, MMAC Director

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### Missouri Medicaid Audit & Compliance

#### Mission Statement

*Our mission is to enhance the integrity of the Missouri State Medicaid program by preventing and detecting fraudulent, abusive and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds while promoting high quality patient care.*

#### Missouri Medicaid Audit and Compliance

Dedicated to protect the integrity of Missouri's Medicaid program.  
[Read more...](#)

#### Enroll as a Medicaid Provider

Do you want the ability and authority to provide services or merchandise to eligible MO HealthNet participants and to receive payment from the Mo HealthNet program? Apply to be a provider today!.

#### Provider Self-Disclosures

Have you mistakenly billed Medicaid for a service or product you did not provide, and are uncertain what to do to make it right? ... Self-disclose the mistake to MMAC and help protect the integrity of the Medicaid

#### MMAC Regulation Guide

MMAC is held accountable to many state regulations and statutes, as well as many federal regulations. These regulations and statutes aid in governing the Missouri Medicaid program.

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Log onto [www.mmac.mo.gov](http://www.mmac.mo.gov)

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**MMAC FRAUD HOTLINE**  
**(573) 751-3285**

**Report Medicaid Fraud**  
Help protect your tax dollars and loved ones by reporting Medicaid fraud. [Read more...](#)

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Click on the “Providers” tab

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## Providers

Providers must enroll with MMAC in order to be reimbursed for medical services provided to MO HealthNet participants. Those who participate in the MO HealthNet Program agree to accept MO HealthNet payment as reimbursement in full for any services provided to MO HealthNet participants. A participant cannot be billed for the difference between the MO HealthNet payment and the provider's billed charges. MO HealthNet Managed Care services are provided in accordance with the terms and conditions of the contract between MHD and the MO HealthNet Managed Care health plans. Participants enrolled in MO HealthNet Managed Care access services through the health plan's provider network. The health plan network may include providers not enrolled in the fee-for-service program.

- [Provider Enrollment](#)
- [Provider Manuals](#)
- [Provider Reviews](#)
- [Provider Sanctions](#)
- [Provider Self-Disclosures](#)

### Helpful Links

- MO Department of Social Services (DSS)
- DSS MO HealthNet Division (MHD)
- MO Department of Health & Senior Services (DHSS)
- MO Department of Mental Health (DMH)
- Centers for Medicare & Medicaid (CMS)
- OIG Exclusions List Search
- 2011 Patient Protection & Affordable Care Act (PPACA)

Related Links Get Viewers Contact Information

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Click on "Provider Enrollment"

Provider Enrollment Missouri MedicaidMMAC - Windows Internet Explorer

http://mmac.mo.gov/providers/provider-enrollment/

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## Provider Enrollment

The Provider Enrollment Section is responsible for screening and enrolling all Missouri Medicaid Providers. The Provider Enrollment staff is mandated with auditing and screening provider application to ensure they meet Federal and State mandates before they can be authorized to be a Missouri Medicaid Provider.

Applications are processed in date order as received by the Provider Enrollment Section. It is important that the provider submit all the required documents the first time so the application can be processed timely. Providers who submit internet applications must ensure they sign and fax their **confirmation page** along with any additional required documents to the number indicated on the confirmation page. If the provider does not do this Provider Enrollment will not be aware of the pending application and your application will not be processed. If you did not submit all the required documentation Provider Enrollment **will** contact you. So if you submitted your application online **do not** submit another one, contact Provider Enrollment for guidance how to proceed.

- [Apply to be a Missouri Medicaid Provider](#)
- [Provider Enrollment Guide](#) (Information and Requirements)
- [Civil Rights](#) (Compliance Information)
- [Home and Community Based Services](#) (Forms and Applications)
- [Provider Enrollment Forms](#)
- [Provider Enrollment FAQs](#)

### Helpful Links

- [MO Department of Social Services \(DSS\)](#)
- [DSS MO HealthNet Division \(MHD\)](#)
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Click on "Provider Enrollment Forms"

MMAC Provider FormsMMAC - Windows Internet Explorer

http://mmac.mo.gov/providers/provider-enrollment/provider-enrollment-forms/

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## Provider Enrollment Applications and Forms

- [Ownership Interest- Application](#)
- [Direct Deposit for Individual Providers](#)
- [Direct Deposit for Clinics Groups](#)
- [Primary Care Physicians Rate Certification-Attestation](#)

Related Links: Department of Social Services

Get Viewers: Acrobat Reader

Contact Information: Missouri Medicaid Audit and Compliance

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Click on "Primary Care Physicians' Rate Certification- Attestation"

Complete the information on the form and submit it to the address or fax number listed on the form.



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 MISSOURI MEDICAID AUDIT AND COMPLIANCE  
**Medicaid Primary Care Physicians'**  
 Certification and Attestation for Primary Care Rate Increase

Missouri Medicaid Audit and Compliance  
 Provider Enrollment  
 P.O. Box 8500  
 Jefferson City, MO 65102  
 (573) 751-5085 (fax)

www.mmac.mo.gov

Section I: Instructions			
Please complete the information in the sections II and IV or V, sign and return by mail or fax to the address listed above			
Section II: Provider Information			
PROVIDER NAME		BUSINESS NAME (if different)	
FEDERAL ADDRESS		CITY	STATE ZIP CODE
COUNTY	PROVIDER TELEPHONE NO.	PROVIDER FAX NO.	PROVIDER E-MAIL ADDRESS
DESIGNATED CONTACT NAME		DESIGNATED CONTACT PHONE NUMBER	DESIGNATED CONTACT E-MAIL ADDRESS
MISSOURI MEDICAID NUMBER	MEDICARE NUMBER	STATE LICENSE NUMBER	BI NUMBER TAXIDONY NUMBER (if applicable)
<b>Check specialty(s) that apply to you:</b> <input type="checkbox"/> Family Practice <input type="checkbox"/> General Internal Medicine <input type="checkbox"/> Pediatrics			
List any subspecialties:			
Section III: Information			
Section 1902(a)(13)(C) of the Social Security Act specifies that physician's 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: <ul style="list-style-type: none"> <li>• Be a physician defined in 42 CFR 440.50, or under the personal supervision of a physician with special-st designation in <u>family practice, general internal medicine and pediatrics</u> or a <u>subspecialty</u> recognized by the <b>American Board of Medical Specialties</b>;</li> <li>• Be board certified in the specialty or subspecialty; or</li> <li>• Have furnished <u>evaluation and management (E&amp;M)</u> and vaccines services that equal <u>at least 60%</u> of the Medicaid codes billed during the most recently completed Calendar Year.</li> </ul>			
Section IV: American Board of Medical Certification			
Complete this section <u>only</u> if you have a certification from the American Board of Medical Specialties (ABMS). (attach copy of certification if available)			
ABMS Certification effective date(s):	Begin date:	End date:	
I attest that I have a certification recognized by the American Board of Medical Specialties and meet the requirements as required by federal and state regulations to receive the increased payment.			
Signature	Printed Signature	Date	
Section V: 60% Attestation			
Complete this section <u>only</u> if you do not have a certification from the American Board of Medical Specialties but at least 60% of your total billings are for E&M and vaccine administration codes. (Codes are specified by Federal and State Regulation)			
<i>Current Enrolled providers only (those who have billing history)</i>			
I attest that I am an eligible primary care specialist or subspecialist but I do not have a certification recognized by the American Board of Medical Specialties. I attest that at least <b>60%</b> of my total 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.			
<i>New providers only (those who have no billing history)</i>			
I attest that I am an eligible primary care specialist or subspecialist but I do not have a certification recognized by the American Board of Medical Specialties. I attest that at least <b>60%</b> of my total billings 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.			
Signature	Printed Signature	Date	
For MMAC use Only			
<input type="checkbox"/> Certified <input type="checkbox"/> 60%	Certification number (attach print-out)		<input type="checkbox"/> Board Certified
Forwarded to:	Forwarded to:	Forwarded to:	
STAFF SIGNATURE	DATE		

- A completed form needs to be submitted for every provider who will be eligible for reimbursement
  - The Provider Enrollment Section will verify and validate the information
  - Enter the information into the MMIS Provider Master File
  - MHD will pay providers accordingly
- 

# Contact Information

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