interChange Provider Important Message

HUSKY Health Primary Care Increased Payments Policy

In accordance with Provider Bulletin PB14-75, certain primary care providers are eligible to receive increased Medicaid payments for primary care services provided to Medicaid eligible individuals. Such providers must be enrolled as Connecticut Medicaid providers in order to receive these increased payments. If you are not currently enrolled, please call the Provider Assistance Center at 1-800-842-8440 or visit http://www.ctdssmap.com for more information on Medicaid provider enrollment.

Adjustment to the HUSKY Health Primary Care Increased Payments Policy for Dates of Service Beginning December 1, 2017

Effective for dates of services December 1, 2017 and forward, the services eligible under the HUSKY Health Primary Care Increased Payments Policy will be reimbursed at 95% of the calculated 2014 Medicare physician fee schedule facility and non-facility rates for specified primary care services and vaccine administration provided under the Vaccines for Children program. This will be a 5% increase to the reimbursement rates for eligible services with the effective date of August 11, 2017 to November 30, 2017.

Extension of HUSKY Health Primary Care Increased Payments Policy for Dates of Service Beginning July 1, 2017

Funding for the HUSKY Health Primary Care Increased Payments Policy, as specified under PB 2015-44, will remain in effect for dates of service July 1, 2017 through August 9, 2017. There are no changes to the policy or the attestation process for dates of service July 1, 2017 through August 9, 2017.

Effective for dates of service August 10, 2017 and forward, the rates reimbursed for the services eligible under the HUSKY Health Primary Care Increased Payments Policy will be reduced 10%, as specified under the Governor's Executive Order Resource Allocation Plan.

Who is eligible for increased reimbursements?

Providers who are already attested and remain eligible under the ACA Increased Payments for Primary Care Services or the HUSKY Health Primary Care Increased Payments Policy continue to be eligible and do not need to resubmit an attestation. If a provider is already attested, continues to meet the eligibility requirements, and not found to be ineligible during the

Department's attestation validation process, such provider is automatically eligible under the HUSKY Health Primary Care Increased Payments Policy.

For providers who must attest eligibility for the first time, please see the following criteria.

Primary care physicians must self-attest to practicing in one or more of the following specialties recognized by the American Board of Medical Specialists (ABMS), the American Board of Physician Specialists (ABPS), or the American Osteopathic Association (AOA):

- Pediatric medicine;
- Family Medicine;
- Internal Medicine; or
- Subspecialties within one or more of the specialties listed above.

To qualify, the primary care physician must attest either that:

- He or she is board certified in a specialty or subspecialty listed above; or
- He or she works practices primary care and 60% of billed Medicaid codes are comprised of qualifying Evaluation and Management (E&M) and vaccine administration codes (codes specified in PB 2014-75 and below) or, for newly enrolled providers, 60% of billed Medicaid codes during the most recently completed calendar month consists of the qualifying services outlined in PB 2014-75 and below.

FQHC employed physicians who practice primary care may be eligible for the higher payment for primary care services ONLY if all of the following are met: (1) the service provided is a non-FQHC service and reimbursed under the physician fee schedule, (2) the physician is enrolled under a separate provider ID number that is different from the provider ID number used by the FQHC for FQHC services, and (3) the physician is board certified in internal medicine, pediatrics, or family medicine by the ABMS, ABPS, or the AOA. FQHC employed mid-level practitioners under the supervision of an FQHC employed and ABMS, AOA, or APBS board certified physician in an eligible area are also eligible.

Which primary care services will be paid at the higher rate?

Evaluation and Management (E&M) codes 99201-99215, 99304 – 99310, 99315 – 99316, 99318, 99324 – 99328, 99334 – 99337, 99339, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99406 – 99407, 99408 – 99409, 99411 - 99412 and vaccine administration codes 90460, 90471, 90472, 90473, 90474 or their successor codes will be paid the higher rate if they are on the Medicaid fee schedule. All other codes will continue to pay according to current Medicaid policy.

interChange Provider Important Message

Do primary care services delivered by mid-level/non-physician practitioners qualify for the enhanced payment?

Effective for dates of service January 1, 2015 and forward, independently practicing advanced practice registered nurses (APRNs) practicing primary care may self-attest eligibility for primary care increased payments independent of a supervising physician attestation. An APRN must self-attest that he/she is practicing primary care **and** that 60% billed Medicaid codes are comprised of the codes eligible under the HUSKY Health Primary Care Increased Payments Policy (see above for the list of eligible codes) during the previous calendar year or for newly enrolled providers, the previous calendar month.

Physician Assistants and certified nurse-midwives may receive the higher payment for primary care services ONLY if the service is rendered under the **personal supervision** of a qualifying physician. The expectation is that the physician assumes professional responsibility for the services provided under his or her supervision. This would mean that the physician is legally liable for the quality of services provided by the practitioners he or she is supervising.

Physician Assistants and certified nurse midwives will need to attest they are working under the personal supervision of a physician who qualifies for the enhanced payment. Their supervising physician must ALSO complete a separate Self-Attestation. Enhanced payment will not be available for primary care services provided by physician assistants or certified nurse midwives until both the practitioner and the supervising physician complete the self-attestation.

FQHC employed physician assistants and certified nurse midwives must be under the supervision of an FQHC employed physician who is ABMS, AOA, or APBS board certified in an eligible specialty.

What does it mean to have a 'specialty designation' in one of the specialties or subspecialties listed above?

You have a 'specialty designation' in one of the listed specialties or subspecialties if you are either Board-certified in that specialty, or if you practice in that specialty. For example, you may be Board certified in a non-eligible specialty such as surgery or dermatology, but practice as a family practitioner. If your Board certification is in a non-eligible specialty, you may only be eligible for the primary care rate increase if a review of your billing determines that at least 60% of the Medicaid codes billed for the most recently completed calendar year were for qualifying Evaluation and Management (E&M) and vaccine administration codes.

DXC.technology

interChange Provider Important Message

The following is a list of Board certification specialties and subspecialties that may qualify for the enhanced reimbursement:

ABMS
American Board of Medical Specialists

Family Medicine: Adolescent Medicine; Geriatric Medicine; Hospice and Palliative Medicine; Sleep Medicine; Sports Medicine

Internal Medicine: Advanced Heart Failure and Transplant Cardiology; Cardiovascular Disease; Clinical Cardiac Electrophysiology; Critical Care Medicine; Endocrinology, Diabetes and Metabolism; Gastroenterology; Geriatric Medicine; Hematology: Hospice and Palliative Medicine; Infectious Disease; Interventional Cardiology; Medical Oncology; Nephrology; Pulmonary Disease; Rheumatology; Sleep Medicine; Sports Medicine; Transplant Hepatology

Pediatrics: Adolescent Medicine; Child Abuse Pediatrics; Developmental-Behavioral Pediatrics; Hospice and Palliative Medicine; Medical Toxicology; Neonatal-Perinatal Medicine; Neurodevelopmental Disabilities, Pediatric Cardiology; Pediatric Critical Care Medicine; Pediatric Emergency Medicine; Pediatric Endocrinology; Pediatric Gastroenterology; Pediatric Hematology-Oncology; Pediatric Infectious Diseases; Pediatric Nephrology; Pediatric Pulmonology; Pediatric Rheumatology; Pediatric Transplant Hepatology; Sleep Medicine; Sports Medicine

AOA
American Osteopathic Association

Family Physicians: Family Physicians

Internal Medicine: Allergy/Immunology; Cardiology; Endocrinology; Gastroenterology; Hematology; Hematology/Oncology; Infectious Disease; Pulmonary Diseases; Nephrology; Oncology; Rheumatology

Pediatrics: Adolescent and Young Adult Medicine; Neonatology; Pediatric Allergy/Immunology; Pediatric Endocrinology; Pediatric Pulmonology

ABPS
American Board of Family Medicine Obstetrics
Board of Certification in Family Practice
Board of Certification in Internal Medicine

What if I have a Board certification in one of the listed specialties or subspecialties, but I actually practice in a different field?

You should not self-attest to eligibility for higher payment if you do not actually practice in one of the listed primary care specialties or subspecialties.

What if I am not board-certified?

You may still be eligible if a review of your billing determines that at least 60% of your Medicaid codes billed for the most recently complete calendar year were for the E & M and vaccine administration codes specified in PB 2014-75 (90460, 90471-90474, 99201-99215, 99304 – 99310, 99315 – 99316, 99318, 99324 – 99328, 99334 – 99337, 99339, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99406 – 99407, 99408 – 99409, 99411 – 99412), unless you are an FQHC employed physician. FQHC employed physicians are only eligible for the enhanced rate if they are enrolled to perform non-FQHC services. These FQHC employed physicians may only qualify based on their board certification in an eligible specialty.

Do Physicians practicing in FQHCs and RHCs qualify for higher payment?

No. Enhanced payment is only available for the Physician's Services Medicaid benefit category. Higher payment does not apply to services provided under any other Medicaid benefit category such as Clinic, Federally Qualified Health Center (FQHC), or outpatient hospital because, in those instances, payment is made on a facility basis (and is billed by the facility) and is not specific to the physician's services.

Please note that, FQHC employed physicians who are ABMS, AOA, or APBS board certified in an eligible specialty and are enrolled to perform non-FQHC services which will be reimbursed under the physician fee schedule may qualify. FQHC employed mid-level practitioners under the supervision of an FQHC employed and ABMS, AOA, or APBS board certified physician in an eligible specialty may also qualify.

When will the rate increase be in effect?

Since funding for the HUSKY Health Primary Care Increased Payments Policy is dependent upon the approved state budget, the increased payments will be effective for dates of service January 1, 2015 and forward. Please note, per the Governor's Executive Order Resource Allocation Plan, effective for dates of service August 10, 2017 and forward, the rates reimbursed for the services

eligible under the HUSKY Health Primary Care Increased Payments Policy will be reduced by 10%.

What do I have to do to receive the enhanced payments?

Physicians and mid-level/non-physician practitioners MUST REQUEST the enhanced reimbursement by self-attesting that they are an eligible provider through the Connecticut Self-Attestation survey available here:
https://www.surveymonkey.com/r/HUSKYHealthpcattest

How will eligible physician and mid-level/non-physician practitioners enroll or apply for enhanced payments?

Both sets of providers need to complete and submit the self-attestation through the link above.

When will I know if I am approved for the increase?

DSS notifies providers of their approval or denial for the enhanced payment via a letter. New or updated attestations are processed on a weekly basis and approval or denial letters are mailed weekly.

If you have received a denial letter, please carefully review the reason for denial, as well as the document attached to the letter titled "How to Submit Primary Care Physician Rate Increase Attestation Corrections". If the correction is made within 60 days of the denial letter, DSS will use the providers' original attestation date to determine the effective date for the increased Medicaid payment. If the correction is made after 60 days of the denial letter, the effective date will be the date of the correction. A list of denial reasons and corresponding corrective actions can be found at the end of this document.

DSS will annually conduct a review and verification of attestations. If the review determines that information provided in the attestation was incorrect or false, the enhanced payment would be subject to recoupment, recovery, and any other action authorized under the provider enrollment agreement, as well as federal and state requirements. Physicians, non-physician practitioners and mid-level practitioners must maintain documentation to validate their responses in the attestation and produce those documents if requested by DSS.

For physicians, physician assistants, advanced practice registered nurses, and certified nurse midwives who need to attest for the first time, the effective date for increased payments will be the date of the approved attestation.

interChange Provider Important Message

Regarding the definition of "under the personal supervision" as mentioned above and what constitutes legal liability for services provided:

The precise details of the necessary amount of personal supervision by physicians is determined by state professional licensure laws/rules and physician professional standards. While state and federal regulations require physicians to follow such requirements when a service must be provided under a physician's personal supervision, DSS is not responsible for developing or enforcing those specific standards. Providers with further questions can consult their appropriate licensing agency, professional association, and/or an attorney.

Regarding clarification on attestation question 4 (independent physicians/groups versus those within a clinic, FQHC, or other institution) – is a physician group that shares the same tax ID as a hospital/clinic/FQHC considered to be "within" the hospital/clinic/FQHC?

The tax ID is not utilized when determining if a provider is eligible to initiate the attestation process. If the provider is enrolled as an individual or group physician provider type, they are eligible to initiate the attestation process.

Please note that, FQHC employed physicians who are ABMS, AOA, or APBS board certified in an eligible specialty and are enrolled to perform non-FQHC services which will be reimbursed under the physician fee schedule are eligible to initiate the attestation process. FQHC employed mid-level practitioners under the supervision of an FQHC employed and ABMS, AOA, or APBS board certified physician in an eligible specialty are also eligible to initiate the attestation process.

Regarding groups that rotate supervising physicians within various departments, instances in which multiple physicians supervise an individual mid-level/non-physician practitioner, and instances where an individual physician supervises multiple mid-level/non-physician practitioners as to what information is required on the attestations:

Services of a physician assistant and certified nurse midwives are eligible for the enhanced payment only when a specific individual eligible physician first attests and accepts professional responsibility (and legal liability) for the services provided. Situations where the "supervising" physician does not accept professional responsibility (and legal liability) for the services provided by the mid-level/non-physician practitioner and throughout the entire

attestation period are not eligible for enhanced payment. If there are multiple physicians accepting legal liability for the services provided by a mid-level/non-physician practitioner throughout the attestation period, each physician must be listed on the attestation for the mid-level/non-physician practitioner. Additionally, the attestation for the physician must identify each mid-level/non-physician practitioner for whom the physician is accepting legal liability. Any mismatch in attestation information may result in a denial for the enhanced payment.

Regarding clarification on instructions for mid-level practitioners where there has been a change in their supervising physician:

If a mid-level practitioner has a change to their supervising physician, both the mid-level practitioner and the new supervising physician need to complete an update to their initial attestation. This update will supersede any previously submitted attestations.

Regarding clarification on instructions where a mid-level practitioner has multiple supervising physicians:

If additional supervising physicians are to be reported, please submit an email to hpproviderrelationsct@dxc.com with a subject line of "HUSKY Health Primary Care Increased Payments" with additional supervising physicians. Please ensure that you email also contains your name and NPI.

Regarding clarification on specialties eligible to receive the enhanced rate:

For provider type 31/physician, only the following specialties are eligible to receive the enhanced rate, if all other criteria are met:

301/Hepatology,303/Neuromusculoskeletal & Sports Medicine, 306/Preventative Medicine, 308/Sleep Medicine, 310/Allergy and Immunolgy,312/Cardiology, 316/Family Medicine, 317/Gastroenterology, 318/General Practice Medicine, 320/Geriatric Medicine,322/Internal Medicine,324/Nephrology, 326/Neurology, 329/Oncology, 340/Pulmonology, 345/General Pediatrics, 348/Endocrinology, Diabetes and Metabolism, 349/Hematology, 350/Infectious Diseases, 351/Rheumatology, 611/Pediatric Emergency Department Medicine, 612/Pediatric Emergency Medicine, 614/Pediatric Adolescent Medicine, 615/Developmental-Behavioral Pediatrics, 616/Neonatal-Perinatal Medicine, 617/Pediatric Neurodevelopmental Disabilities, 618/Pediatric Allergy-Immunology, 620/Pediatric Cardiology, 621/Pediatric Critical Care Medicine,

622/Pediatric Endocrinology, 623/Pediatric Gastroenterology, 624/Pediatric Hematology-Oncology, 625/Pediatric Hospice and Palliative Medicine, 626/Pediatric Infectious Diseases, 627/Pediatric Nephrology, 628/Pediatric Medical Toxicology, 629/Pediatric Pulmonology, 630/Pediatric Rehabilitation Medicine, 631/Pediatric Rheumatology, 632/Pediatric Dermatology, 636/Pediatric Sleep Medicine,637/Pediatric Sports Medicine, and 640/Neurology with Special Qualifications in Child Neurology.

For provider type 09/advanced practice registered nurse, only the following specialties are eligible to receive the enhanced rate, if all other criteria are met:

090/Pediatric Nurse Practitioner, 092/Family Nurse Practitioner, 097/Acute Care Nurse Practitioner, 098/Adult Health Nurse Practitioner, 099/Community Health Nurse Practitioner, 100/Critical Care Nurse Practitioner, 101/Neonatal Nurse Practitioner, 102/Neonatal Critical Care Nurse Practitioner, 104/Pediatric Critical Care Nurse Practitioner, 105/Perinatal Nurse Practitioner, 123/Geriatric Nurse Practitioner, 124/Primary Care Nurse Practitioner, 310/Allergy,312/Cardiology, 320/Geriatric Practitioner, 322/Internal Medicine, and 326/Neurology.

For provider type 32/nurse midwife, all providers are eligible to receive the enhanced rate if all other criteria are met.

For provider type 97/physician assistant, only the following specialties are eligible to receive the enhanced rate, if all other criteria are met:

995/Medical Physician Assistant and 997/Primary Care Physician Assistant.

interChange Provider Important Message

Reasons for Denial and Corresponding Corrective Actions

Letter Denial	Corrective Action
The provider is not an actively enrolled provider.	The provider must re-enroll in CMAP before they can complete their attestation. To initiate re-enrollment, please contact the Provider Assistance Center at 1-800-842-8440.
The provider has previously been approved for enhanced rate.	In this instance, no further action is required. The provider has already been approved to receive the enhanced rate.
The provider specialty is not eligible to receive the enhanced rate.	In this instance, no further action can be taken by the provider. The specialty that they are enrolled with is not eligible to receive the enhanced rate. Please reference the list of eligible specialties in the Important Message titled "**HUSKY Health Primary Care Increased Payments Policy**". Providers may also refer to PB 2014-75 on the www.ctdssmap.com Web site, located by selecting "Information" from the Home page and then "Publications" and entering the appropriate year and bulletin number in the Bulletin Search panel.
Physician did not provide board certification and/or respond to the 60% claim billing question.	In order to be eligible to receive the enhanced rate, a physician must be board certified or meet the 60% requirement. If the provider meets one or both of these requirements, please complete a new Attestation indicating this information. Please be sure to fully complete each field on the survey. Any missing information may result in another denial.
Physician did not supply board certification specialty and/or sub-specialty information.	In this case, a physician has indicated that they are board certified, but has not provided the required board certification specialty and/or subspecialty information. If the physician is board certified, please complete a new Attestation indicating this information. Please be sure to fully complete each field on the survey. Any missing information may result in another denial.

interChange Provider Important Message

Letter Denial	Corrective Action
Provider did not respond to the 60% claim billing question.	In order to be eligible to receive the enhanced rate, a mid-level practitioner (i.e. physician assistant, APRN, or nurse mid-wife) must meet the 60% requirement. If the provider meets this requirement, please complete a new Attestation indicating this information. Please be sure to fully complete each field on the survey. Any missing information may result in another denial.
Provider did not select a valid provider type.	In order to be eligible to receive the enhanced rate, the provider must be a physician, physician assistant, APRN, or nurse mid-wife. If you are enrolled as that type of provider with CMAP, please complete a new Attestation indicating this information. Please be sure to fully complete each field on the survey. Any missing information may result in another denial.
Provider did not respond to location of practice question.	Enhanced payment is only available for the Physician's Services Medicaid benefit category. Higher payment does not apply to services provided under any other Medicaid benefit category such as Clinic, Federally Qualified Health Center (FQHC), or outpatient hospital because, in those instances, payment is made on a facility basis (and is billed by the facility) and is not specific to the physician's services. If the provider is in fact practicing and billing as part of a separately enrolled physician practice or group (i.e., your services are not billed by a provider enrolled as a clinic, Federally Qualified Health Center, or other institution), please complete a new Attestation responding Yes to this question. For FQHC employed physicians who are enrolled to perform non-FQHC services which will be reimbursed under the physician fee schedule, please select yes. FQHC employed mid-level practitioners must also select yes. (Note: An FQHC employee who selects yes to this question simply recognizes that, for the limited purpose of performing non-FQHC services separately reimbursed under the physician fee schedule, the physician or mid- level practitioner is billing under the physicians' services Medicaid benefit category, separate from the FQHC Medicaid benefit category.)

interChange Provider Important Message

Letter Denial	Corrective Action
	Please be sure to fully complete each field on the survey. Any missing information may result in another denial.
Enhanced rate not available to non-physician Medicaid Prov Type such as FQHCs, clinics, hospitals.	The provider indicated on their survey that they are not practicing and billing as part of a separately enrolled physician practice or group (i.e., your services are not billed by a provider enrolled as a clinic, Federally Qualified Health Center, or other institution). For FQHC employed physicians who are enrolled to perform non-FQHC services which will be reimbursed under the physician fee schedule, please select yes. FQHC employed mid-level practitioners must also select yes. (Note: An FQHC employee who selects yes to this question simply recognizes that, for the limited purpose of performing non-FQHC services separately reimbursed under the physician fee schedule, the physician or mid- level practitioner is billing under the physicians' services Medicaid benefit category, separate from the FQHC Medicaid benefit category.) Enhanced payment is only available for the Physician's Services Medicaid benefit category. Higher payment does not apply to services provided under any other Medicaid benefit category such as Clinic, Federally Qualified Health Center (FQHC), or outpatient hospital because, in those instances, payment is made on a facility basis (and is billed by the facility) and is not specific to the physician's services. If the provider is in fact practicing and billing as part of an independent practice or group, please complete a new Attestation responding Yes to this question. Please be sure to fully complete each field on the survey. Any missing information may result in another denial.

interChange Provider Important Message

Letter Denial	Corrective Action
Provider did not supply supervising physician information.	In order to be eligible to receive the enhanced rate, a physician assistant (PA) or nurse mid-wife must provide their supervising physician's NPI, name, and title on their Attestation. Further, that supervising physician must have included that nurse mid-wife/PA practitioner on their attestation. Please complete a new Attestation indicating this information. Please be sure to fully complete each field on the survey. Any missing information may result in another denial. Additionally, please ensure that this supervising physician has included you on their attestation. If not, please advise the supervising physician that they must also re-attest.
The supervising physician is not an active enrolled CMAP provider.	The supervising physician provided on the mid-level practitioner's attestation must be an actively enrolled provider within CMAP. If the supervising physician needs to re-enroll, they may initiate that process by contacting the Provider Assistance Center at 1-800-842-8440. Once the supervising physician is actively enrolled, both the mid-level practitioner and the supervising physician must complete a new Attestation. Please note physicians employed by an FQHC enrolled to perform non-FQHC services may only qualify as a supervising physician for the enhanced rate if they are board certified by ABMS, ABPS, or AOA in an eligible specialty. Hospital based physicians may qualify as a supervising physician for the primary care enhanced rate only if they are separately enrolled under Medicaid as an individual physician billing provider or as part of a physician group and meet the eligibility criteria specified in PB 2014-75. Please be sure to fully complete each field on the survey. Any missing information may result in another denial.
The attestation acknowledgement checkbox, signature, and date were not fully completed.	Please complete a new Attestation and ensure that each field on the survey is fully completed, including the acknowledgement checkbox, signature, and date.

DXC.technology

interChange Provider Important Message

Letter Denial	Corrective Action
The supervising physician cannot be identified.	The supervising physician provided on the mid-level practitioner's attestation must be an actively enrolled provider within CMAP. If the supervising physician needs to enroll, they may initiate that process by selecting Provider Enrollment on the www.ctdssmap.com Web site. Once the supervising physician is actively enrolled, both the mid-level practitioner and the supervising physician must complete a new Attestation. Please note physicians employed by an FQHC enrolled to perform non-FQHC services may only qualify as a supervising physician for the enhanced rate if they are board certified by ABMS, ABPS, or AOA in an eligible specialty. Hospital based physicians may qualify as a supervising physician for the primary care enhanced rate only if they are separately enrolled under Medicaid as an individual physician billing provider or as part of a physician group and meet the eligibility criteria specified in PB 2014-75. Please be sure to fully complete each field on the survey. Any missing information may result in another denial.
The specialty submitted on the survey does not match the primary specialty in CMAP.	The specialty that the provider has indicated on their Attestation does not match the specialty that the provider is enrolled with in CMAP. The specialty the provider is enrolled with in CMAP is listed on the first page of the denial letter. To correct this error: a) complete a new attestation using the specialty indicated at the top of this letter, if that most accurately reflects your correct specialty, or b) submit an NPI Submission Form, available at www.ctdssmap.com under Information > Publications > Forms to update that information. Once that information has been updated, you will then need to re-attest.

DXC.technology

interChange Provider Important Message

Letter Denial	Corrective Action
The Provider Type submitted on the survey does not match the Provider Type in CMAP.	The type that the provider has indicated on their Attestation does not match the type that the provider is enrolled with in CMAP. To confirm the type the provider is enrolled with in CMAP, please contact the Provider Assistance Center at 1-800-842-8440.
The supervising physician must self-attest prior to the approval of your self-attestation.	In order to be eligible to receive the enhanced rate, the supervising physician listed on the Attestation must have included you on their list of mid-level practitioners on their attestation. The supervising physician must complete an attestation with this information and you must also then re-attest. Please be sure to fully complete each field on the survey. Any missing information may result in another denial.