

Texas Medicaid Electronic Health Record (EHR) Incentive Program: Physician Assistants (PAs) Attestation Form

FQHC / RHC Name:

Address:

Street

City

State

Zip Code

(List on a separate sheet any additional service location addresses where PA-led requirements are also met.)

Under the Texas Medicaid EHR Incentive Program, a physician assistant (PA) practicing in a federally qualified health center (FQHC) or rural health clinic (RHC) that is led by a PA, is eligible for incentive payments¹. To be eligible for an incentive payment, a PA must work at an FQHC or RHC that is led by a PA. To qualify as an FQHC/RHC led by a physician assistant, one of the following must be true:

1. A physician assistant is the primary provider in the clinic (for example, when there is a part-time physician and a full-time physician assistant, the physician assistant is considered the primary provider); or
2. A physician assistant is the clinic or medical director at the clinical site of the practice; or
3. A physician assistant is an owner of the RHC.

I hereby attest that the FQHC or RHC meets one of the three requirements listed above. Further, the FQHC/RHC agrees that its physician assistants' eligibility for the Texas Medicaid EHR Incentive Program is contingent on its continued compliance with this provision of federal law.

Signature of Chief Executive Officer / President / Vice President or Other Senior Organizational Lead:

Print or Type Name and Title:

Date:

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I hereby attest that I am a physician assistant at the PA-led clinic listed at the top of this document. I agree that my eligibility for the Texas Medicaid EHR Incentive Program is contingent on my continued compliance with the provisions of the program. I understand that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws and that statements made herein are subject to the State Medicaid Health Information Technology Plan's audit strategies for detecting fraud and abuse.

Signature of Attesting Physician Assistant:

Print or Type Name and Title:

Date:

If you have further questions, please contact HealthIT@tmhp.com or call 1-800-925-9126 option 4.

¹ 42 CFR (Code of Federal Regulations): Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule, Section 495.304 Medicaid Provider Scope and Eligibility.