



Attestation for Physician Assistant Led Federally Qualified Health Center or Rural Health Center

To attest for a Physician Assistant Led FQHC or RHC, please complete the form below and attach a signed copy to your Application.

The Medicaid Electronic Health Record Incentive Program was created by Federal Regulation. The following citation from 42 CFR Section 495.304(b)(5) describes the qualification needed for a physician assistant to participate in the Medicaid Electronic Health Record (EHR) incentive Program: “(b) *Medicaid Eligible Professional*. The Medicaid professional eligible for an EHR incentive payment is limited to the following when consistent with the scope of practice regulations, as applicable for each professional (5) A physician assistant (PA) practicing in a Federally qualified health center (FQHC) led by a physician assistant or a rural health clinic (RHC), that is so led by a physician assistant.”

The Centers for Medicare and Medicaid Services provided additional clarification of the requirement:

A Physician Assistant would be leading an FQHC or RHC under any of the following circumstances:

- When a PA is the primary provider in a clinic (for example, when there is a part-time physician and full-time PA, we would consider the PA as the primary provider);
- When a PA is a clinical or medical director at a clinical site of practice; or
- When a PA is an owner of an RHC.

I have read and understand the federal regulation and CMS interpretations regarding eligibility for Physician Assistants as of the date of this attestation. The following is/are the reason(s) the FQHC/RHC meets the criteria of PA led:



This document attests that the FQHC/RHC located at _____
with Medicaid ID _____ is led by a Physician Assistant.

I understand that eligibility for the Florida Medicaid EHR Incentive Program is contingent on continued compliance with this provision. I understand that statements in this document are subject to Florida's audit strategies for detecting EHR Incentive Program fraud and abuse. I also understand that falsification or concealment of a material fact may be prosecuted under Federal and State laws.

**Signature of Chief Executive Office/President/Vice President
or Other Senior Organizational Lead**

Date

Printed/Typed Name and Title

Additional Comments/Notes:

