
2013 Enhanced Payment Provider Self Attestation Form

This form is to be completed by the provider and returned to the South Dakota Division of Medical Services. Only one provider can attest per form.

Individual Provider Name: _____

Individual Provider NPI: _____

Billing NPI(s): _____

Physicians with at least 1 year of claims history:

I attest that I am an eligible primary care specialist or sub-specialist in family practice, internal medicine, or pediatrics with board certification by the American Board of Medical Specialties (ABMS), American Board of Physician Specialties (ABPS), or American Osteopathic Association (AOA).

Check one: ABMS ABPS AOA

I attest that I am an eligible primary care specialist or sub-specialist but I do not have a certification recognized by the AMBS, ABPS, or AOA. I attest that at least 60% of my total Medicaid claims submitted in the 12 months prior to the date of this attestation were for the E&M and vaccine administration codes allowed under federal law.*

Physicians with between 1 and 12 months claims history:

I attest that I am an eligible primary care specialist or sub-specialist in family practice, internal medicine, or pediatrics with board certification by the ABMS, ABPS or AOA.

Check one: ABMS ABPS AOA

I attest that I am an eligible primary care specialist or sub-specialist but I do not have a certification recognized by the AMBS, ABPS, or AOA. I attest that at least 60% of my total Medicaid claims submitted in the month prior to my signature on this form were for the E&M and vaccine administration codes allowed under federal law.*

Advanced Practice Clinicians: Nurse Practitioners, Certified Nurse-Midwives, Physician Assistants

I attest that I am an advanced practice clinician primary care practitioner and that my supervising physician has attested and is eligible to receive enhanced payments. The individual provider NPI of my supervising physician is: _____.

I declare under penalty of perjury under the laws of the state of South Dakota that the foregoing is true and correct.

Signature of Provider

Date

Print or type name of Provider

South Dakota Medicaid prefers to receive completed forms via email.

Email, Fax, or Mail the completed form to:

EnhancedPCP@state.sd.us

Fax: 605-773-5246

South Dakota Medicaid

700 Governor's Drive

Pierre, SD 57501

* Evaluation and management codes 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473, and 90474.

Internal Use Only: Certification Verified: _____ Not Eligible: _____ Added to System: _____