



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

P.O. Box 712
Trenton, NJ 08625-0712

CHRIS CHRISTIE
Governor

JENNIFER VELEZ
Commissioner

KIM GUADAGNO
Lt. Governor

VALERIE HARR
Director

ACA Self-Attestation Form
Affordable Care Act (ACA)
(As Amended by Section 1202 of the Health Care and Education Reconciliation Act (HCERA) of 2010)

Date: December 2012

Molina Medicaid Solutions Provider Enrollment Unit
P.O. Box 4804
Trenton, New Jersey 08650-4804

Dear Molina Medicaid Solutions Provider Enrollment Unit:

I (_____)
Physician Name

certify that I am a physician with a specialty/subspecialty designation of Family Medicine, General Internal Medicine or Pediatrics AND I am qualified to receive ACA-authorized enhanced reimbursement rates based on my designation below:

_____ My Board certification status, as determined by the American Board of Physician Specialties, the American Osteopathic Association, the American Board of Medical Specialties, the American Board of Family Medicine (Practice), the American Board of Internal Medicine or the American Board of Pediatrics is current on January 1, 2013;

OR

_____ My Board certification in the specialty/subspecialty of Family Medicine, General Internal Medicine or Pediatrics is not current on January 1, 2013, but 60% of my NJFC/Medicaid FFS and/or NJFC/Medicaid HMO claims volume (i.e. a claim count) in CY 2012 were for CPT procedure codes 99201 through 99499; and for non-Vaccine-For-Children (VFC)-administered vaccines. Note: CPT codes 90460 and 90461 billed to NJFC/Medicaid managed care plans also count toward the 60 percent claim threshold.

(_____)
Physician Signature

(_____)
Date signed

(_____)
(Physician Name – Please Print)

(_____)
National Provider Identifier (NPI)

PLEASE ATTACH AN ORIGINAL STATE OF NEW JERSEY UNIFORM PRESCRIPTION
BLANK FOR IDENTIFICATION PURPOSES