

Affordable Care Act – Primary Care Physician Self Attestation Form

Pursuant to the Affordable Care Act (ACA) and 42 CFR 447, State Medicaid agencies are required to reimburse Primary Care Physicians with a specialty designation of Family Medicine, General Internal Medicine, or Pediatric Medicine, at parity with Medicare for specified Evaluation And Management (E&M) and Vaccine Administration services.

In order to be eligible for enhanced payment, the physician rendering or supervising the service must personally attest to be the following:

- Physician, as defined in 42 CFR 440.50 with a Specialty designation of Family Medicine, General Internal Medicine, or Pediatric Medicine or a Subspecialty within one of the listed Specialties

AND

- Meet at least one of the following Qualifications:

- 1) Board Certified in a Specialty or Sub-Specialty listed above recognized by the American Board Of Medical Specialties (ABMS), American Board Of Physician Specialties (ABPS), or American Optometric Association (AOA)

OR

- 2) At least 60% of total codes billed or paid for the most recently completed calendar year or for newly enrolled Physicians, the prior month, were for E&M (99201 – 99499) and Vaccine Administration (90460, 90461, 90471 – 90474, or their successors) services

Physicians wishing to attest to their eligibility to provide these services for which enhanced payments are made must provide the information requested below.

* Provider Number (NPI - ID) * Confirm Provider Number * Provider Name

* Provider TIN (SSN) * Confirm Provider TIN (SSN)

* Password (8 characters) * Confirm Provider Password

* Email Address * Confirm Email Address

* California Medical Board License Number

OR

* California Osteopathic Board License Number

Managed Care Plans You Contract With (Up To 5) - click here for MCP list with 3 digit ID's

MCP - 1

MCP - 2

MCP - 3

MCP - 4

MCP - 5

Attestation To Practicing In A Primary Care Specialty Or Sub-Specialty (To be eligible, this box must be checked)

I attest that, to the best of my knowledge, I am a physician as defined in 42 CFR 440.50 with the following Specialty and Sub-Specialty as defined by the American Board Of Medical Specialties, American Board Of Physician Specialties, or the American Osteopathic Association:

- | | | |
|---|--|---|
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Family Medicine - Adolescent Medicine | <input type="checkbox"/> Family Medicine - Family Practice |
| <input type="checkbox"/> Family Medicine - Family Physicians | <input type="checkbox"/> Family Medicine - Geriatric Medicine | <input type="checkbox"/> Family Medicine - Hospice & Palliative Medicine |
| <input type="checkbox"/> Family Medicine - Obstetrics | <input type="checkbox"/> Family Medicine - Sleep Medicine | <input type="checkbox"/> Family Medicine - Sport Medicine |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Internal Medicine - Adolescent Medicine | <input type="checkbox"/> Internal Medicine - Cardiology |
| <input type="checkbox"/> Internal Medicine - Adv Hrt Failure & Transplnt Cardiology | <input type="checkbox"/> Internal Medicine - Allergy/Immunology | <input type="checkbox"/> Internal Medicine - Cardiovascular Disease |
| <input type="checkbox"/> Internal Medicine - Endocrinology | <input type="checkbox"/> Internal Medicine - Critical Care Medicine | <input type="checkbox"/> Internal Medicine - Clinical Cardiac Electrophysiology |
| <input type="checkbox"/> Internal Medicine - Endocrinology,Diabetes & Metabolism | <input type="checkbox"/> Internal Medicine - Gastroenterology | <input type="checkbox"/> Internal Medicine - Geriatric Medicine |
| <input type="checkbox"/> Internal Medicine - Hematology | <input type="checkbox"/> Internal Medicine - Hematology/Oncology | <input type="checkbox"/> Internal Medicine - Hospice & Palliative Medicine |
| <input type="checkbox"/> Internal Medicine - Infectious Disease | <input type="checkbox"/> Internal Medicine - Interventional Cardiology | <input type="checkbox"/> Internal Medicine - Medical Oncology |
| <input type="checkbox"/> Internal Medicine - Nephrology | <input type="checkbox"/> Internal Medicine - Oncology | <input type="checkbox"/> Internal Medicine - Pulmonary Diseases |
| <input type="checkbox"/> Internal Medicine - Rheumatology | <input type="checkbox"/> Internal Medicine - Sleep Medicine | <input type="checkbox"/> Internal Medicine - Sports Medicine |
| <input type="checkbox"/> Internal Medicine - Transplant Hepatology | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Pediatrics - Adolescent Medicine |
| <input type="checkbox"/> Pediatrics - Adolescent & Young Adult Medicine | <input type="checkbox"/> Pediatrics - Child Abuse | <input type="checkbox"/> Pediatrics - Developmental – Behavioral |
| <input type="checkbox"/> Pediatrics - Hospice & Palliative Medicine | <input type="checkbox"/> Pediatrics - Medical Toxicology | <input type="checkbox"/> Pediatrics - Neonatology |
| <input type="checkbox"/> Pediatrics - Neonatal – Perinatal Medicine | <input type="checkbox"/> Pediatrics - Neurodevelopmental Disabilities | <input type="checkbox"/> Pediatrics - Allergy/Immunology |
| <input type="checkbox"/> Pediatrics - Cardiology | <input type="checkbox"/> Pediatrics - Critical Care Medicine | <input type="checkbox"/> Pediatrics - Emergency Medicine |
| <input type="checkbox"/> Pediatrics - Endocrinology | <input type="checkbox"/> Pediatrics - Gastroenterology | <input type="checkbox"/> Pediatrics - Hematology – Oncology |
| <input type="checkbox"/> Pediatrics - Infectious Diseases | <input type="checkbox"/> Pediatrics - Nephrology | <input type="checkbox"/> Pediatrics - Pulmonology |
| <input type="checkbox"/> Pediatrics - Rheumatology | <input type="checkbox"/> Pediatrics - Sleep Medicine | <input type="checkbox"/> Pediatrics - Sports Medicine |
| <input type="checkbox"/> Pediatrics – Transplant Hepatology | | |

Attestation Qualifications (to be eligible, at you must attest to Qualification-1 or Qualification-2 or both):

Qualification-1 :

I attest that, to the best of my knowledge, I am Board Certified in the Specialty or Sub-Specialty stated above, as recognized by the American Board Of Medical Specialties, American Board Of Physician Specialties, or the American Osteopathic Association
Note: The Certification Begin/End Dates may be used to determine your eligibility effective dates.

American Board Of Medical Specialties (ABMS)

ABMS Certification Begin Date - 1	<input type="text"/>	ABMS Certification End Date - 1	<input type="text"/>
ABMS Certification Begin Date - 2	<input type="text"/>	ABMS Certification End Date - 2	<input type="text"/>
ABMS Certification Begin Date - 3	<input type="text"/>	ABMS Certification End Date - 3	<input type="text"/>

American Board Of Physician Specialties (ABPS)

ABPS Certification Begin Date - 1	<input type="text"/>	ABPS Certification End Date - 1	<input type="text"/>
ABPS Certification Begin Date - 2	<input type="text"/>	ABPS Certification End Date - 2	<input type="text"/>
ABPS Certification Begin Date - 3	<input type="text"/>	ABPS Certification End Date - 3	<input type="text"/>

American Osteopathic Association (AOA)

AOA Certification Begin Date - 1	<input type="text"/>	AOA Certification End Date - 1	<input type="text"/>
AOA Certification Begin Date - 2	<input type="text"/>	AOA Certification End Date - 2	<input type="text"/>
AOA Certification Begin Date - 3	<input type="text"/>	AOA Certification End Date - 3	<input type="text"/>

Qualification-2 :

I attest that, to the best of my knowledge at least 60% of my total Medi-Cal Codes billed or paid, for the most recently completed calendar year or for newly enrolled Physicians, the prior month, were for E&M (99201 - 99499) and Vaccine Administration (90460, 90461, 90471 - 90474, or their successors) services or Local Codes that correspond to these E&M and Vaccine Administration Codes.

By clicking the SUBMIT Button below, I personally attest to eligibility for enhanced primary care payments as described under 42 CFR 447.405. I understand that the California Department Of Health Care Services (DHCS) will verify that I meet the criteria for payment at the Medicare rate by validating board certifications or reviewing claims to ensure that the 60% threshold has been met. I agree to cooperate and provide a copy of the board certification upon request by the DHCS. Furthermore, I agree to update my Self Attestation Form immediately if I no longer meet the eligibility requirements. I further understand if it is determined that I did not qualify for the Medicare rate for any reason, then the DHCS will recover any incremental payments or the difference between the Medicare and Medicaid rate paid for the service.

Affordable Care Act – Primary Care Physician Self Attestation Form Cancellation/Updates

Updates to the Affordable Care Act (ACA) and 42 CFR 447, Self Attestation information can be made for changes in your ACA eligibility status or errors in your previous submission due to any of the following:

- You discovered an error in your previous Self Attestation submission and are no longer eligible or eligible for a different time period for the ACA PCP enhanced payments.
- Your Board Certification Status/Effective Dates have changed and are no longer eligible or eligible for a different time period for the ACA Primary Care Physician (PCP) enhanced payments.
- Updates to reference information (e.g. Name, Email Address, etc.), unrelated to ACA eligibility can also be performed. However, all data should be verified and accurate prior to submission to the Department Of Health Care Services.
- Updates to the NMPs you supervise.

Physicians wishing to update their ACA eligibility status for which enhanced payments are made must provide the information requested below.

Note: Only the Cancellation Screen is shown below. The Update Screen, which is the same as the Self Attestation Form, is not displayed.

For ACA eligibility changes due to no longer meeting the criteria specified in the Affordable Care Act (ACA) and 42 CFR 447 or for an error in your previous Self Attestation submission, please update one of the following:

I am completely and fully no longer eligible for enhanced payments as defined under the Affordable Care Act (ACA) and 42 CFR 447.

I am no longer eligible for enhanced payments as defined under the Affordable Care Act (ACA) and 42 CFR 447 for the following periods.

ACA Ineligible Begin Date - 1 ACA Ineligible End Date - 1

ACA Ineligible Begin Date - 2 ACA Ineligible End Date - 2

ACA Ineligible Begin Date - 3 ACA Ineligible End Date - 3