

# Affordable Care Act – Primary Care Physician Self Attestation Form Completion Instructions

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## General Information

The online ACA Self Attestation Form shall be used to register and certify a physician's eligibility to provide the specified Evaluation and Management (E&M) and Vaccine Administration services for which the Patient Protection and Affordable Care Act (ACA) and 42 *Code of Federal Regulations* (CFR) 447 enhanced payments are made.

The self-attestation form consists of five main areas:

- **Reference Information:** This section allows users to enter identifying information, such as provider number, name, license number, etc. An email address, along with creation of a password, will also be required for confirmation and subsequent updates to self-attestation data.

**Important Note:** The Tax Identification Number (TIN) or Social Security Number (SSN) entered should be consistent with the information Medi-Cal already has on file and is only used to the extent necessary to distinguish between physicians with the same provider number.

The Managed Care Plans entered should correspond to the Managed Care Plans you contract with. However, if you contract with **more than five** Managed Care Plans or Low-Income Health Plans, please notify the plans or programs not listed on the form that you attested through the state database.

- **Non-Physician Medical Practitioner (NMP) Information:** This section allows users to list the NMPs they personally/directly supervise, those for whom they accept professional responsibility, and only for those NMPs that bill Medi-Cal independently.
- **Attestation – Physician with Designated Specialty/Subspecialty:** This section allows users to certify/attest they are a physician as defined in 42 CFR 440.50 and are practicing in a primary care specialty of family medicine, general internal medicine, pediatric medicine or a related subspecialty. At least one and up to five specialties/subspecialties can be selected.
- **Attestation – Qualifications:** This section allows users to certify/attest they meet the board certification in a primary care specialty/subspecialty or 60 percent threshold qualifications. At least one qualification, or both if applicable, must be selected to receive enhanced payments. Providers whose board certification does not have an expiration date should use the date 12/31/2069.
- **Self-Attestation Cancellation/Updates:** This section is only displayed upon logging in with the user credentials created during the initial attestation. The section allows users to cancel or update their self-attestation information.

For additional questions/information regarding the ACA self-attestation process, please contact the Telephone Service Center (TSC) at 1-800-541-5555, choose options 4 and 2, and then follow the prompts to speak with the POS/Internet Help Desk. For hours of operation, providers may refer to the *Provider Relations Directory* section in the Part 1 manual.

## Eligibility/Ineligibility Begin and End Dates

The ACA Self Attestation Form contains multiple Non-Physician Medical Practitioner (NMP), Board Certification Eligibility and ACA Ineligibility Begin/End Dates, which may be used to determine eligibility for enhanced payments. The following guidelines should be used when entering Eligibility and Ineligibility Begin/End Dates:

- For each category, NMP, Board Certification, ACA Ineligibility, only three separate/distinct Begin/End Date ranges are allowed.

- Enter dates in the order of the date fields shown on the ACA Self Attestation Form, starting with Begin/End Date #1. If another Begin/End Date range is needed, enter them in the Begin/End Date #2 field, and so on.
- Each set of Begin/End Dates (#1 – #3), corresponding to a particular NMP, Board Certification, or ACA Ineligibility cannot overlap. However, relative to one another, these dates can overlap. For example, the ACA Ineligibility Begin/End Dates can be the same or overlap the NMP Begin/End Dates.
- If there is any overlap between the ACA Ineligibility and the NMP or Board Certification Begin/End Dates, the ACA Ineligibility dates shall take precedence.
- Changes to any set of Begin/End Dates, including those unaffected by the update, shall represent the most current, full and complete date range that will be used to establish ACA eligibility, both prospectively and retrospectively.

**Important Note:** If the previous Begin/End Date is valid and another date needs to be added, please do not delete the Begin/End Date that is still valid. Instead, add the new date range to the next available Begin/End Date field.

### Physician Supervised Non-Physician Medical Practitioners

The ACA and 42 CFR 447 also require state Medicaid agencies to reimburse, at parity with Medicare, for E&M and Vaccine Administration services provided under the personal/direct supervision of a physician who has completed the self-attestation process. Therefore, eligibility of Non-Physician Medical Practitioner (NMP) claims to receive enhanced payments shall be dependent on the eligibility of the supervising physician.

**Important Note:** Physicians should not list non-independent NMPs, such as Physician Assistants or Nurse Practitioners, on their form. Claims for these non-independent NMPs are billed using the supervising physician's provider number as the billing or rendering provider. Therefore, eligibility of non-independent NMP claims shall be established using the supervising physician's information.

Physicians must list independent NMPs that bill Medi-Cal directly, such as a Certified Nurse Practitioner (CNP) or Certified Nurse Midwife (CNM), on their form, as claims for these independent NMPs can potentially be billed using the CNP/CNM provider number as the billing provider. However, this is only applicable for CNPs/CNMs for whom the physician personally/directly supervises and accepts professional responsibility.

### Changes/Updates to Previously Submitted Self Attestation Information

Updates to the self-attestation data can be made for changes in ACA reference information, eligibility status or errors in a previous submission. Updates consist of six main categories:

- **Reference Information updates:** Changes to reference information (for examples, name, email address, etc.), unrelated to ACA eligibility as explained in the following bullet points. However, changes to the provider number and TIN are not allowed, as they are associated with the attestation/registration index. Therefore, all form data should be verified and accurate prior to submission to the Department of Health Care Services (DHCS). Although anticipated to be rare, in the event changes to the provider number and/or TIN are required, a new self-attestation profile must be created.
- **Non-Physician Medical Practitioners:** Changes to the NMP information can be made by adding or removing independent NMPs the provider personally/directly supervises. In addition, updates to

the NMP Begin/End effective dates can be made, but these updates may affect the ACA eligibility of NMP claims, both prospectively and retrospectively.

- **Attestation – Physician with Designated Specialty/Subspecialty updates:** Changes to an attestation to being a physician practicing in a primary care specialty/subspecialty can be made by updating the ACA Ineligibility section by checking the “Completely No Longer Eligible” checkbox, which revokes ACA eligibility both prospectively and retrospectively. However, changes to specialty/subspecialty designations do not affect eligibility.
- **Qualification 1 – Board Certification updates:** Changes to board certification status/effective dates can be made by updating the associated begin/end dates. This action may affect ACA eligibility, both prospectively and retrospectively.
- **Qualification 2 – 60% Threshold updates:** Changes to an attestation to the 60 percent threshold can be made by unchecking the “Qualification 2” checkbox. This action may affect ACA eligibility, both prospectively and retrospectively.

**Important Note:** If the “Attestation – 60% Threshold” data is valid, but only for a specific time period, do not uncheck the “Qualification 2” checkbox, but proceed to the ACA ineligibility section to enter the dates of ineligibility.

- **Cancellation/Ineligibility updates:** Changes in ACA eligibility due to errors in previous self-attestation submission or for providers who no longer wish to participate in the program can be made by checking the “Completely No Longer Eligible” checkbox, which revokes your ACA eligibility. Change in ACA eligibility due to ineligibility for a specific time period can be made by entering the begin/end dates associated with the ineligibility period. Both of these update may affect your ACA eligibility, both prospectively and retrospectively.

**Important Note:** The ineligibility begin/end dates shall take precedence over board certification effective dates, if there are any overlapping date ranges. Therefore, all data should be verified and accurate prior to submission to DHCS.

**Important Note:** All changes to attestation data shall require the provider number, TIN and password credentials used to create the initial self-attestation profile. Therefore, please keep this information confidential and store self-attestation emails and/or print confirmations in a secure location.

Furthermore, any changes made to the initial self-attestation profiles shall take effect upon submission and processing by DHCS. However, all information, including those unaffected by the updates, shall represent the most current, full and complete self-attestation data that will be used to establish ACA eligibility.

## Submission

Before submitting the ACA Self Attestation Form, please ensure all data entered is correct. By clicking the submit button, the physician personally attests to eligibility for enhanced primary care payments as described under 42 CFR 447.405.

Submission of this form does not constitute approval of the ACA self-attestation or guarantee increased claim payments by DHCS. DHCS will verify that the physician meets the criteria for payment at the Medicare rate by validating board certifications or reviewing claims to ensure that the 60 percent threshold has been met. By submitting the form, the physician shall agree to cooperate by providing a copy of the board certification upon request by DHCS and to update the form immediately if eligibility requirements are no longer met. Furthermore, if it is determined that the physician does not qualify for the Medicare rate for any reason, DHCS shall recover any incremental payments or the difference between the Medicare and Medicaid rate paid for the service.

## **ACA Self Attestation Form – Field-by-Field Completion Instructions**

Physicians wishing to attest to their eligibility to provide specified E&M or Vaccine Administration services for which the ACA and 42 CFR 447 enhanced payments are made must provide the data requested.

To be eligible, all required information submitted must be fully and completely accurate and shall be in accordance with the established format listed in the field-by-field instructions, which start on the next page. Error messages shall only be displayed if the data entered does not meet the format and/or validity standards. Any information containing errors must be corrected before final submission can occur.

	Field	Help Text/Instructions	Associated Error Messages
1.	Provider Number (NPI)	Enter the Provider Number or National Provider Identifier.	<ul style="list-style-type: none"> <li>• The Provider Number is required</li> <li>• The Provider Number must be between 3 and 10 characters</li> <li>• The Provider Number (NPI) or NPI Check Digit is invalid</li> <li>• The Provider Number and TIN entered already exist on the ACA Self Attestation Registry</li> <li>• The Provider Number, TIN, or password entered was not found on the ACA Self Attestation registry</li> </ul> <p><b>Note:</b> This Error Message is only associated with changes to the Self Attestation information.</p>
2.	Confirm Provider Number (NPI)	Enter the Provider Number or National Provider Identifier. Must Match Provider Number (NPI).	<ul style="list-style-type: none"> <li>• The Confirm Provider Number (NPI) must match the Provider Number (NPI)</li> </ul>
3.	Provider Tax Identification Number (TIN)	Enter the Tax Identification Number (TIN). For Sole Proprietors, not using a TIN, enter you Social Security Number (SSN). <b>Important Note:</b> For Medi-Cal Providers, please ensure your TIN or SSN matches the data you used to enroll in Medi-Cal. The TIN/SSN shall <u>only</u> be used to distinguish between multiple Providers with the same NPI.	<ul style="list-style-type: none"> <li>• The Provider TIN is required</li> <li>• The Provider TIN must be numeric</li> <li>• The Provider TIN must be 9 digits</li> <li>• The Provider Number and TIN entered already exist on the ACA Self-Attestation registry</li> <li>• The Provider Number, TIN, or password entered was not found on the ACA Self-Attestation registry</li> </ul> <p><b>Note:</b> This Error Message is only associated with changes to the Self Attestation information.</p>
4.	Confirm Provider Tax Identification Number (TIN)	Enter the Provider Tax Identification Number (TIN). Must match Provider TIN.	<ul style="list-style-type: none"> <li>• The Confirm Provider TIN must match the Provider TIN</li> </ul>

	Field	Help Text/Instructions	Associated Error Messages
5.	Provider Password	Enter the password. Must be 8 characters. <b>Important Note:</b> The password is only used for changes to your Self Attestation information.	<ul style="list-style-type: none"> <li>• The password is required</li> <li>• The password must be 8 characters</li> </ul>
6.	Confirm Provider Password	Enter the password. Must match provider password.	<ul style="list-style-type: none"> <li>• The confirm provider password must match the provider password</li> </ul>
7.	Provider Name	Enter the full name in "LastName, FirstName" format. Maximum of 28 characters.	<ul style="list-style-type: none"> <li>• The Provider Name is required</li> </ul>
8.	Email Address	Enter the email address in "emailid@domain" format. Maximum of 40 characters.	<ul style="list-style-type: none"> <li>• The email address is required</li> <li>• The email address must be in an 'emailid@domain' format</li> </ul>
9.	Confirm Email Address	Enter the email address In "emailid@domain" format. Must match email address.	<ul style="list-style-type: none"> <li>• The confirm email address must match the email address</li> </ul>
10.	California/ <b><u>Out-of-State</u></b> Medical License Number	Enter the California/ <b><u>Out-of-State</u></b> Medical License Number. Maximum of 15 characters.	<ul style="list-style-type: none"> <li>• At least one, either the California/<b><u>Out-of-State</u></b> Medical or Osteopathic License Number is required</li> </ul>
11.	California/ <b><u>Out-of-State</u></b> Osteopathic License Number	Enter the California/ <b><u>Out-of-State</u></b> Osteopathic License Number. Maximum of 15 characters.	<ul style="list-style-type: none"> <li>• At least one, either the California/<b><u>Out-of-State</u></b> Medical or Osteopathic License Number is required</li> </ul>

	Field	Help Text/Instructions	Associated Error Messages
12.	Managed Care Plans You Contract With [#1 – #5]	<p>Enter up to 5 Managed Care Plans You Contract With.</p> <p>Must be 3 digits.</p> <p>Must Be Unique</p> <p>Review MCP Code Directory Link For Information on MCP Code Numbers.</p> <p><b>Important Note:</b> If you contract with more than 5 Managed Care Plans, please contact the MCPs you were unable to enter into the Self Attestation Form to inform them you have attested.</p>	<ul style="list-style-type: none"> <li>• The MCP [#1 - #5] Code must be numeric</li> <li>• The MCP [#1 – #5] Code must be 3 digits</li> <li>• The MCP [#1 – #5] is a duplicate</li> </ul>
13.	NMP Provider Number (NPI) [#1 – #10]	<p>Enter the NMP Provider Number (NPI) you personally supervise <b>and</b> who bills independently.</p> <p>Enter <b>only</b> Independent NMPs.</p> <p>Must Be Unique.</p> <p><b>Important Note:</b> Please refer to the “Physician Supervised Non-Physician Medical Practitioners” section of this document for detailed information.</p>	<ul style="list-style-type: none"> <li>• The NMP [#1 – #10] Provider Number must be between 3 and 10 characters</li> <li>• The NMP [#1 – #10] Provider Number or NPI Check Digit is invalid</li> <li>• The NMP NPI [#1 – #10] Is A Duplicate</li> <li>• If you entered data in any NMP Field [#1 – #10], the NMP NPI, Name, and at least one begin/end must be filled out</li> </ul>
14.	NMP Provider Name [#1 – #10]	<p>Enter the full NMP Name in “LastName, FirstName” format.</p> <p>Maximum of 28 characters.</p>	<ul style="list-style-type: none"> <li>• If you entered data in any NMP Field [#1 – #10], the NMP NPI, Name, and at least one begin/end must be filled out</li> </ul>
15.	NMP Effective Begin Date #1 [#1 – #10]	<p>Enter the First Effective Begin Date of your professional responsibility for the Independent NMP.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must not overlap with begin/end date #2 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The NMP [#1 – #10] Effective Begin Date #1 must be in MMDDYYYY format</li> <li>• The NMP [#1 – #10] Effective Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any NMP Field [#1 – #10], the NMP NPI, Name, and at Least One Begin/End must be filled out</li> </ul>

	Field	Help Text/Instructions	Associated Error Messages
16.	NMP Effective End Date #1 [#1 – #10]	<p>Enter the First Effective End Date of your professional responsibility for the Independent NMP.</p> <p>Enter 12/31/2069 if your professional responsibility for the Independent NMP <u>does not</u> have an Effective End Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must be after Effective Begin Date #1.</p> <p>Must not overlap with Begin/End Date #2 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The NMP [1 – #10] Effective End Date #1 must be in MMDDYYYY format</li> <li>• The NMP [#1 – #10] Effective End Date #1 must be on or after the NMP Effective Begin Date #1</li> <li>• The NMP [#1 – #10] Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any NMP Field [#1 – #10], the NMP NPI, Name, and at Least One Begin/End must be filled out</li> </ul>
17.	NMP Effective Begin Date #2 [#1 – #10]	<p>Enter the second, if applicable, Effective Begin Date of your professional responsibility for the Independent NMP.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must not overlap with Begin/End Date #1 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The NMP [#1 – #10] Effective Begin Date #2 must be in MMDDYYYY format</li> <li>• The NMP [#1 – #10] Effective Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any NMP Field [#1 – #10], the NMP NPI, Name, and at Least One Begin/End must be filled out</li> </ul>
18.	NMP Effective End Date #2 [#1 – #10]	<p>Enter the second Effective End Date, if applicable, of your professional responsibility for the Independent NMP.</p> <p>Enter 12/31/2069 if your professional responsibility for the Independent NMP <u>does not</u> have an Effective End Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must be after Effective Begin Date #2.</p> <p>Must not overlap with Begin/End Date #1 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The NMP [#1 – #10] Effective End Date #2 must be in MMDDYYYY format</li> <li>• The NMP [#1 – #10] Effective End Date #2 must be on or after the NMP Effective Begin Date #2</li> <li>• The NMP [#1 – #10] Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any NMP Field [#1 – #10], the NMP NPI, Name, and at Least One Begin/End must be filled out</li> </ul>

	Field	Help Text/Instructions	Associated Error Messages
19.	NMP Effective Begin Date #3 [#1 – #10]	<p>Enter the third, if applicable, Effective Begin Date of your professional responsibility for the Independent NMP.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must not overlap with Begin/End Date #2 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The NMP [#1 – #10] Effective Begin Date #3 must be in MMDDYYYY format</li> <li>• The NMP [#1 – #10] Effective Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any NMP Field [#1 – #10], the NMP NPI, Name, and at Least One Begin/End must be filled out</li> </ul>
20.	NMP Effective End Date #3 [#1 – #10]	<p>Enter the third Effective End Date, if applicable, of your professional responsibility for the Independent NMP.</p> <p>Enter 12/31/2069 if your professional responsibility for the Independent NMP <u>does not</u> have an Effective End Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must be after Effective Begin Date #3.</p> <p>Must not overlap with Begin/End Date #2 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The NMP [#1 – #10] Effective End Date #3 must be in MMDDYYYY format</li> <li>• The NMP [#1 – #10] Effective End Date #3 must be on or after the NMP Effective Begin Date #3</li> <li>• The NMP [#1 – #10] Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any NMP Field [#1 – #10], the NMP NPI, Name, and at Least One Begin/End must be filled out</li> </ul>
21.	Attestation – Physician Specialties/Sub-Specialties	<p>Check this box if you are a physician practicing in an eligible specialty/subspecialty.</p> <p>To be eligible for enhanced payments, this box must be checked.</p> <p><b>Important Note:</b> For updates to this field, please refer to the “Changes/Updates to Previously Submitted Self Attestation Information” section of this document for detailed information.</p>	<ul style="list-style-type: none"> <li>• In order to qualify for enhanced payments, the physician specialty or subspecialty attestation must be checked</li> </ul>
22.	Physician Specialty/Subspecialty	Select at least 1 and up to 5 physician specialties/sub-specialties	<ul style="list-style-type: none"> <li>• At least 1 and up to 5, specialty or sub-specialties must be selected</li> </ul>

	Field	Help Text/Instructions	Associated Error Messages
23.	Attestation – Board Certification (Qualification 1)	<p>Check this box if you are board certified in a designated primary care specialty/subspecialty.</p> <p>To be eligible for enhanced payments, the Board Certification or 60 percent threshold must be checked.</p> <p>If both qualifications, board certified and 60 percent threshold, are met, both can be checked.</p> <p><b>Important Note:</b> For updates to this Field, please refer to the “Changes/Updates to Previously Submitted Self Attestation Information” Section of this document for detailed information.</p>	<ul style="list-style-type: none"> <li>At least 1 qualifications, either Board Certification or 60 percent threshold must be checked</li> </ul>
24.	American Board Of Medical Specialties (ABMS)	<p>If attestation to Board Certification was chosen, select at least 1 recognized board, either ABMS, ABPS, or AOA.</p> <p>If applicable, more than 1 or all Recognized Boards may be selected.</p>	<ul style="list-style-type: none"> <li>At least 1 recognized board, either ABMS, ABPS, or AOA, must be selected</li> <li>If you entered data in any ABMS field, the ABMS checkbox and at least One Begin/End Date must be filled out</li> </ul>
25.	ABMS Certification Begin Date #1	<p>Enter the first ABMS Certification Begin Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must not overlap with ABMS Certification Begin/End Date #2 &amp; #3.</p>	<ul style="list-style-type: none"> <li>The ABMS Certification Begin Date #1 must be in MMDDYYYY format</li> <li>The ABMS Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>If you entered data in any ABMS field, the ABMS checkbox and at least One Begin/End Date must be filled out</li> </ul>

	Field	Help Text/Instructions	Associated Error Messages
26.	ABMS Certification End Date #1	<p>Enter the first ABMS Certification End Date. Enter 12/31/2069 if you <u>do not</u> have an ABMS Certification End Date. Must be in MM/DD/YYYY format. Must be after ABMS Certification Begin Date #1. Must not overlap with ABMS Certification Begin/End Date #2 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The ABMS Certification End Date #1 must be in MMDDYYYY format</li> <li>• The ABMS Certification End Date #1 must be on or after the Certification Begin Date #1</li> <li>• The ABMS Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any ABMS field, the ABMS checkbox and at least One Begin/End Date must be filled out</li> </ul>
27.	ABMS Certification Begin Date #2	<p>Enter the second, if applicable, ABMS Certification Begin Date. Must be in MM/DD/YYYY format. Must not overlap with ABMS Certification Begin/End Date #1 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The ABMS Certification Begin Date #2 must be in MMDDYYYY format</li> <li>• The ABMS Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any ABMS field, the ABMS checkbox and at least One Begin/End Date must be filled out</li> </ul>
28.	ABMS Certification End Date #2	<p>Enter the second, if applicable, ABMS Certification End Date. Enter 12/31/2069 if you <u>do not</u> have an ABMS Certification End Date. Must be in MM/DD/YYYY format. Must be after ABMS Certification Begin Date #2. Must not overlap with ABMS Certification Begin/End Date #1 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The ABMS Certification End Date #2 must be in MMDDYYYY format</li> <li>• The ABMS Certification End Date #2 must be on or after the Certification Begin Date #2</li> <li>• The ABMS Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any ABMS field, the ABMS checkbox and at least One Begin/End Date must be filled out</li> </ul>

	Field	Help Text/Instructions	Associated Error Messages
29.	ABMS Certification Begin Date #3	Enter the third, if applicable, ABMS Certification Begin Date. Must be in MM/DD/YYYY format. Must not overlap with ABMS Certification Begin/End Date #2 & #3.	<ul style="list-style-type: none"> <li>The ABMS Certification Begin Date #3 must be in MMDDYYYY format</li> <li>The ABMS Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>If you entered data in any ABMS field, the ABMS checkbox and at least One Begin/End Date must be filled out</li> </ul>
30.	ABMS Certification End Date #3	Enter the third if applicable, ABMS Certification End Date. Enter 12/31/2069 if you <u>do not</u> have an ABMS Certification End Date. Must be in MM/DD/YYYY format. Must be after ABMS Certification Begin Date #3. Must not overlap with ABMS Certification Begin/End Date #2 & #3.	<ul style="list-style-type: none"> <li>The ABMS Certification End Date #3 must be in MMDDYYYY format</li> <li>The ABMS Certification End Date #3 must be on or after the Certification Begin Date #3</li> <li>The ABMS Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>If you entered data in any ABMS field, the ABMS checkbox and at least One Begin/End Date must be filled out</li> </ul>
31.	American Board Of Physician Specialties (ABPS)	If attestation to Board Certification was chosen, select at least 1 recognized board, either ABMS, ABPS, or AOA. If applicable, more than 1 or all Recognized Boards can be selected.	<ul style="list-style-type: none"> <li>At least 1 Recognized Board, either ABMS, ABPS, or AOA, must be selected</li> <li>If you entered data in any ABPS field, the ABPS checkbox and at least One Begin/End Date must be filled out</li> </ul>
32.	ABPS Certification Begin Date #1	Enter the first ABPS Certification Begin Date. Must be in MM/DD/YYYY format. Must not overlap with ABPS Certification Begin/End Date #2 & #3.	<ul style="list-style-type: none"> <li>The ABPS Certification Begin Date #1 must be in MMDDYYYY format</li> <li>The ABPS Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>If you entered data in any ABPS field, the ABPS checkbox and at least One Begin/End Date must be filled out</li> </ul>

	Field	Help Text/Instructions	Associated Error Messages
33.	ABPS Certification End Date #1	<p>Enter the first ABPS Certification End Date.</p> <p>Enter 12/31/2069 if you <u>do not</u> have an ABPS Certification End Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must be after ABPS Certification Begin Date #1.</p> <p>Must not overlap with ABPS Certification Begin/End Date #2 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The ABPS Certification End Date #1 must be in MMDDYYYY format</li> <li>• The ABPS Certification End Date #1 must be on or after the Certification Begin Date #1</li> <li>• The ABPS Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data an any ABPS field, the ABPS checkbox and at least One Begin/End Date must be filled out</li> </ul>
34.	ABPS Certification Begin Date #2	<p>Enter the second, if applicable, ABPS Certification Begin Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must not overlap with ABPS Certification Begin/End Date #1 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The ABPS Certification Begin Date #2 must be in MMDDYYYY format</li> <li>• The ABPS Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data an any ABPS field, the ABPS checkbox and at least One Begin/End Date must be filled out</li> </ul>
35.	ABPS Certification End Date #2	<p>Enter the second, if applicable, ABPS Certification End Date.</p> <p>Enter 12/31/2069 if you <u>do not</u> have an ABPS Certification End Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must be after ABPS Certification Begin Date #2.</p> <p>Must not overlap with ABPS Certification Begin/End Date #1 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The ABPS Certification End Date #2 must be in MMDDYYYY format</li> <li>• The ABPS Certification End Date #2 must be on or after the Certification Begin Date #2</li> <li>• The ABPS Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any ABPS field, the ABPS checkbox and at least One Begin/End Date must be filled out</li> </ul>

	Field	Help Text/Instructions	Associated Error Messages
36.	ABPS Certification Begin Date #3	Enter the third, if applicable, ABPS Certification Begin Date. Must be in MM/DD/YYYY format. Must not overlap with ABPS Certification Begin/End Date #2 & #3.	<ul style="list-style-type: none"> <li>The ABPS Certification Begin Date #3 must be in MMDDYYYY format</li> <li>The ABPS Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>If you entered data in any ABPS Field, the ABPS checkbox and at least One Begin/End Date must be filled out</li> </ul>
37.	ABPS Certification End Date #3	Enter the third if applicable, ABPS Certification End Date. Enter 12/31/2069 if you <u>do not</u> have an ABPS Certification End Date. Must be in MM/DD/YYYY format. Must be after ABPS Certification Begin Date #3. Must not overlap with ABPS Certification Begin/End Date #2 & #3.	<ul style="list-style-type: none"> <li>The ABPS Certification End Date #3 must be in MMDDYYYY format</li> <li>The ABPS Certification End Date #3 must be on or after the Certification Begin Date #3</li> <li>The ABPS Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>If you entered data in any ABPS field, the ABPS checkbox and at least One Begin/End Date must be filled out</li> </ul>
38.	American Osteopathic Association (AOA)	If attestation to Board Certification was chosen, select at least 1 Recognized Board, either ABMS, ABPS, or AOA. If applicable, more than 1 or all Recognized Boards can be selected.	<ul style="list-style-type: none"> <li>At least 1 Recognized Board, either ABMS, ABPS, or AOA, must be selected</li> <li>If you entered data in any AOA field, the AOA checkbox and at least One Begin/End Date must be filled out</li> </ul>
39.	AOA Certification Begin Date #1	Enter the first AOA Certification Begin Date. Must be in MM/DD/YYYY format. Must not overlap with AOA Certification Begin/End Date #2 & #3.	<ul style="list-style-type: none"> <li>The AOA Certification Begin Date #1 must be in MMDDYYYY format</li> <li>The AOA Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>If you entered data in any AOA field, the AOA checkbox and at least One Begin/End Date must be filled out</li> </ul>

	Field	Help Text/Instructions	Associated Error Messages
40.	AOA Certification End Date #1	<p>Enter the first AOA Certification End Date.</p> <p>Enter 12/31/2069 if you <u>do not</u> have an AOA Certification End Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must be after AOA Certification Begin Date #1.</p> <p>Must not overlap with AOA Certification Begin/End Date #2 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The AOA Certification End Date #1 must be in MMDDYYYY format</li> <li>• The AOA Certification End Date #1 must be on or after the Certification Begin Date #1</li> <li>• The AOA Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any AOA field, the AOA checkbox and at least One Begin/End Date must be filled out</li> </ul>
41.	AOA Certification Begin Date #2	<p>Enter the second, if applicable, AOA Certification Begin Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must not overlap with AOA Certification Begin/End Date #1 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The AOA Certification Begin Date #2 must be in MMDDYYYY format</li> <li>• The AOA Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any AOA field, the AOA checkbox and at least One Begin/End Date must be filled out</li> </ul>
42.	AOA Certification End Date #2	<p>Enter the second, if applicable, AOA Certification End Date.</p> <p>Enter 12/31/2069 if you <u>do not</u> have an AOA Certification End Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must be after AOA Certification Begin Date #2.</p> <p>Must not overlap with AOA Certification Begin/End Date #1 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The AOA Certification End Date #2 must be in MMDDYYYY format</li> <li>• The AOA Certification End Date #2 must be on or after the Certification Begin Date #2</li> <li>• The AOA Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any AOA field, the ABMS checkbox and at least One Begin/End Date must be filled out</li> </ul>

	Field	Help Text/Instructions	Associated Error Messages
43.	AOA Certification Begin Date #3	<p>Enter the third, if applicable, AOA Certification Begin Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must not overlap with AOA Certification Begin/End Date #2 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The AOA Certification Begin Date #3 must be in MMDDYYYY format</li> <li>• The AOA Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any AOA field, the AOA checkbox and at least One Begin/End Date must be filled out</li> </ul>
44.	AOA Certification End Date #3	<p>Enter the third, if applicable, AOA Certification End Date.</p> <p>Enter 12/31/2069 if you <u>do not</u> have an AOA Certification End Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must be after AOA Certification Begin Date #3.</p> <p>Must not overlap with AOA Certification Begin/End Date #2 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The AOA Certification End Date #3 must be in MMDDYYYY format</li> <li>• The AOA Certification End Date #3 must be on or after the Certification Begin Date #3</li> <li>• The AOA Certification Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you entered data in any AOA field, the AOA checkbox and at least One Begin/End Date must be filled out</li> </ul>
45.	Attestation – 60% Threshold	<p>Check this box if 60 percent of your total claim volume is for eligible ACA services.</p> <p>To be eligible for enhanced payments, the Board Certification or 60 percent threshold must be checked.</p> <p>If both qualifications, Board Certified and 60 percent threshold are met, both can be checked.</p> <p><b>Important Note:</b> For updates to this Field, please refer to the “Changes/Updates to Previously Submitted Self Attestation Information” section of this document for detailed information.</p>	<ul style="list-style-type: none"> <li>• At least 1 qualifications, either Board Certification or 60 percent threshold must be checked</li> </ul>

	Field	Help Text/Instructions	Associated Error Messages
46.	CLEAR Button	Prior to submission/processing, clicking CLEAR shall erase all attestation information entered.	N/A
47.	SUBMIT Button	Clicking "Submit" shall process, edit, and prepare the attestation information entered.  If no errors are found a confirmation screen shall be displayed.  If errors are found, error messages shall be displayed.	N/A
48.	I ACCEPT Button	Upon clicking "Submit", an acknowledgement screen with all information entered shall be displayed.  Clicking "I Accept" shall formally submit the attestation information to DHCS.	N/A
49.	MAKE CHANGES Button	Upon clicking "Submit", an acknowledgement screen with all information entered shall be displayed.  Clicking "Make Changes" shall return the user to the self-attestation form to change any information entered prior to submission and processing.	N/A
50.	PRINT Button	Clicking "Print" shall print the self-attestation information entered.	N/A
The following Fields shall only be displayed for changes to attestation information after the initial Self Attestation has been created.			
51.	ACA Fully Ineligible	Select this box if you are fully no longer eligible for ACA enhanced payments  <b>Important Note:</b> For updates to this field, please refer to the "Changes/Updates to Previously Submitted Self Attestation Information" section of this document for detailed information.	<ul style="list-style-type: none"> <li>Only 1 Ineligible Indicator, either full or partial, must be checked</li> </ul>

	Field	Help Text/Instructions	Associated Error Messages
52.	ACA Partially Ineligible	Select this box if you are no longer eligible for ACA enhanced payments only for specific periods.  <b>Important Note:</b> For updates to this field, please refer to the “Changes/Updates to Previously Submitted Self Attestation Information” section of this document for detailed information.	<ul style="list-style-type: none"> <li>• Only 1 Ineligible Indicator, either full or partial, must be checked</li> </ul>
53.	ACA Ineligible Begin Date #1	Enter the first ACA Ineligible Begin Date. Must be in MM/DD/YYYY format.  Must not overlap with ACA Ineligible Begin/End Date #2 & #3.	<ul style="list-style-type: none"> <li>• The ACA Ineligible Begin Date #1 must be in MMDDYYYY format</li> <li>• The ACA Ineligible Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you selected ACA Ineligible – Partial, at least One Begin/End Date must be filled out</li> </ul>
54.	ACA Ineligible End Date #1	Enter the first ACA Ineligible End Date. Must be in MM/DD/YYYY format.  Must be after ACA Ineligible Begin Date #1.  Must not overlap with ACA Ineligible Begin/End Date #2 & #3.	<ul style="list-style-type: none"> <li>• The ACA Ineligible End Date #1 must be in MMDDYYYY format</li> <li>• The ACA Ineligible End Date #1 must be on or after the Ineligible Begin Date #1</li> <li>• The ACA Ineligible Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you selected ACA Ineligible – Partial, at least One Begin/End Date must be filled out</li> </ul>
55.	ACA Ineligible Begin Date #2	Enter the second, if applicable, ACA Ineligible Begin Date.  Must be in MM/DD/YYYY format.  Must not overlap with ACA Ineligible Begin/End Date #1 & #3.	<ul style="list-style-type: none"> <li>• The ACA Ineligible Begin Date #2 must be in MMDDYYYY format</li> <li>• The ACA Ineligible Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you selected ACA Ineligible – Partial, at least One Begin/End Date must be filled out</li> </ul>

	Field	Help Text/Instructions	Associated Error Messages
56.	ACA Ineligible End Date #2	<p>Enter the second, if applicable, ACA Ineligible End Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must be after ACA Ineligible Begin Date #2.</p> <p>Must not overlap with ACA Ineligible Begin/End Date #1 &amp; #3.</p>	<ul style="list-style-type: none"> <li>• The ACA Ineligible End Date #2 must be in MMDDYYYY format</li> <li>• The ACA Ineligible End Date #2 must be on or after the Ineligible Begin Date #2</li> <li>• The ACA Ineligible Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you selected ACA Ineligible – Partial, at least One Begin/End Date must be filled out</li> </ul>
57.	ACA Ineligible Begin Date #3	<p>Enter the third, if applicable, ACA Ineligible Begin Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must not overlap with ACA Ineligible Begin/End Date #1 &amp; #2.</p>	<ul style="list-style-type: none"> <li>• The ACA Ineligible Begin Date #3 must be in MMDDYYYY format</li> <li>• The ACA Ineligible Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you selected ACA Ineligible – Partial, at least One Begin/End Date must be filled out</li> </ul>
58.	ACA Ineligible End Date #3	<p>Enter the third, if applicable, ACA Ineligible End Date.</p> <p>Must be in MM/DD/YYYY format.</p> <p>Must be after ACA Ineligible Begin Date #3.</p> <p>Must not overlap with ACA Ineligible Begin/End Date #1 &amp; #2.</p>	<ul style="list-style-type: none"> <li>• The ACA Ineligible End Date #3 must be in MMDDYYYY format</li> <li>• The ACA Ineligible End Date #3 must be on or after the Ineligible Begin Date #3</li> <li>• The ACA Ineligible Begin/End Date #1, Begin/End Date #2, and Begin/End Date #3 cannot overlap</li> <li>• If you selected ACA Ineligible – Partial, at least One Begin/End Date must be filled out</li> </ul>