WHY IS THE PROVIDER ATTESTATION FORM NEEDED

The South Carolina Department of Health and Human Services (SCDHHS) will implement 42 CFR Part 438, 441, and 447, Increased Medicaid Payments for Primary Care. This action implements the Affordable Care Act (ACA) requirement that increases payments to physicians with a specialty designation of family medicine, general internal medicine, pediatric medicine, and related subspecialists for specified primary care services and charges for vaccine administration under the Vaccines for Children Program.

To qualify for the enhanced rates, a physician must self-attest to his or her specialty designation of family medicine, general internal medicine, pediatric medicine or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA). Any of these physicians with one of the specialty designations must meet one of the following criteria:

- Board certification and/or
- Sixty (60) percent of all Medicaid services billed, or provided in a managed care environment in CY 2012 are for E&M codes 99201-99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474.

The provision provides for increased payments for primary care services furnished by a nurse practitioner or a physician assistant under the personal supervision of a physician who is one of the primary care specialties or subspecialty types designated in the regulation. Physicians will be required to attest for the nurse practitioners and/or physician assistants under his/her supervision who would qualify for the increased payments. All providers, both providers participating with Medicaid FFS and those only participating with MCOs will need to register with SCDHHS and then complete the Primary Care Provider Attestation form to become eligible to receive the enhanced primary care reimbursement rates.

WHAT SHOULD I DO IF I HAVE ADDITIONAL QUESTIONS OR ISSUES

You may contact the Provider Service Center (PSC) by calling 1-888-289-0709. The hours of operation are Monday-Friday from 7:30am to 5:00pm. Additionally you may submit your question or issue through the agency website at http://www.scdhhs.gov/webform/contact-provider-representative.
WHO SHOULD COMPLETE THE PROVIDER ATTESTATION FORM

- South Carolina Medicaid providers currently enrolled or enrolling as a Family Practice, General Internal Medicine, or Pediatric provider who provide and and request reimbursement for the following procedure codes under their NPI:

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99201 99225 99254 99316 99349 99397 99468
99202 99226 99255 99318 99350 99401 99469
99203 99231 99281 99324 99354 99402 99471
99204 99232 99282 99325 99356 99403 99472
99205 99233 99283 99326 99360 99404 99475
99211 99234 99284 99327 99381 99406 99476
99212 99235 99285 99328 99382 99407 99477
99213 99236 99288 99334 99383 99408 99478
99214 99238 99291 99335 99384 99409 99479
99215 99239 99292 99336 99385 99420 99480
99217 99241 99304 99337 99386 99460 99499
99218 99242 99305 99341 99387 99461 90460
99219 99243 99306 99342 99391 99462 90461
99220 99244 99307 99343 99392 99463 90471
99221 99245 99308 99344 99393 99464 90472
99222 99251 99309 99345 99394 99465 90473
99223 99252 99310 99347 99395 99466 90474
99224 99253 99315 99348 99396 99467
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- Nurse Practitioners and Physician Assistants who provide the above referenced services under the supervision of an enrolled or enrolling Family Practice, General Internal Medicine, or Pediatric South Carolina Medicaid provider and who request reimbursement for these services.

ACCESSING THE PROVIDER ATTESTATION WEB PAGE

Existing Providers: Providers currently enrolled with South Carolina Medicaid as a Family Practice, General Internal Medicine, or Pediatrics provider will access the Provider Attestation Form from the South Carolina Department of Health and Human Services (SCDHHS) Affordable Care Act (ACA) web page. The attestation Form hyperlink, [https://msp.scdhhs.gov/pc/](https://msp.scdhhs.gov/pc/), will open a new internet browser window in which the Provider will enter and submit the required attestation information.

New Enrollment Providers: Providers who are completing a new Family Practice, General Internal Medicine, or Pediatric provider enrollment application via the online Provider Enrollment Web Application will be prompted to complete the attestation form when completing the Provider Type and Specialty/Subspecialty page of the application. Selecting the attestation hyperlink will open a new internet browser window in which the Provider will enter and submit the required attestation information. As this is a separate internet browser window, the Provider may complete this form during or after the completion of the Provider Enrollment web application.
CREATING A PROVIDER ATTESTATION NEW ACCOUNT/USER LOGIN

1. Select the Affordable Care Act Initiatives article in the Resources column in the SCDHHS Provider home page (https://www.scdhhs.gov/).
2. Access the attestation form from the embedded **Form** link found in the **Primary Care Physician Attestation** section of this web article.
3. The **Create new account / User Login** page will display when the link is selected.

4. Select the **Create new account tab** from the defaulted **Create new account / User Login** page.
5. The User account page will be displayed.

6. Enter the name you would like associated with this record in the Username text box. (Required) i.e.: RobertSmith13

7. Enter the email address you would like associated with this record in the E-mail Address text box. (Required) i.e.: RSmithMDXXX@yahoo.com

8. Enter the password you would like associated with this record in the Password text box. (Required)
   a. Passwords must be at least ten (10) alphanumeric characters in length
   b. Password must contain at least one (1) uppercase character
   c. Password must contain at least one (1) punctuation character
   d. A correct password example: CanDoIn13!

9. Re-enter the same password from Step 4 in the Confirm password text box. (Required)

10. Enter the solution to the CAPTCHA Math Question in the text box. (Required)
    i.e.: Math question: * 4 + 9 = \[13\]

11. Select Create new account
COMPLETING THE PROVIDER ATTERTATION FORM

12. The Attestation Form page will appear after successfully creating your user account.

13. Enter the enrolled or enrolling Provider’s name as is registered with the South Carolina Medicaid program in the Individual Provider Name text box. (Required)
14. Select the appropriate Provider type (Family Medicine, General Internal Medicine, or Pediatric Medicine) from the available **Are you a physician with a specialty designation of?** checkboxes.

15. Select the appropriate **Select Subspecialty** drop down arrow (►) next to the applicable Board Certification type.
16. Determine the appropriate **Board Specialty** type (Family Medicine, Internal Medicine, Pediatric, or Physician Specialties) for the selected Board Certification. *Note: The “Physician Specialty” is only applicable to the American Board of Physician Specialties board certification type.* Both the American Board of Medical Specialties and the American Osteopathic Association board certification types have subspecialty selections in the Family Medicine, Internal Medicine, and Pediatric categories. *(Required)*
17. Select the appropriate subspecialty type from the drop down list of applicable subspecialties.

18. Enter the Provider’s ten (10) digit individual National Provider Identifier (NPI) assigned by the National Plan and Provider Enumeration System (NPPES) in the **Individual NPI** text box.  *Note: When completing an attestation form for an Advanced Practice Registered Nurse’s (APRN) or the Physician Assistant’s (PA), enter their individual NPI. (Required) i.e: 1234567893*

19. Re-enter the same ten (10) digit individual NPI in the **Individual NPI Again** text box. (Required)

20. Enter the Provider’s billing NPI in the **Billing NPI** text box (Required).

21. Enter the Provider’s physical location street address information in the **Address** text box.  
   *Note: P.O. Box addresses are not considered valid location addresses.*

22. Enter the Provider’s physical location city information in the **City** text box.

23. Select the Provider’s physical location State information from the **State** selection list.

24. Enter the Provider’s contact telephone number in the **Telephone** text box including the parentheses around the area code and a dash between the first three (3) and last four (4) digits.  
   *i.e: (888) 289-0709*

25. Enter the Provider’s fax number in the **Fax** text box including the parentheses around the area code and a dash between the first three (3) and last four (4) digits.  
   *i.e: (888) 289-0709*

26. Enter an additional Provider contact email address in the **Email** text box if this email address differs from the one entered by the Provider when creating the user account in Step 4.
27. Select either of the “Yes” radio buttons selections as the answer to the **Are You Board Certified?** question in **Section II: Attestation Statement**. Note: **In order to qualify for the increased payments, the provider must be either at least board certified or 60% of the billed Medicaid services, or provided in a managed care environment, must be for the procedure codes listed above in the **WHO SHOULD COMPLETE THE ATTESTATION FORM** section of this document.** (A Selection is Required)

28. Select the No checkbox next to the verification response to the **For Supervisor of Advanced Practice Registered Nurse and Physician Assistant** statement if the enrolling Provider does not supervise any APRNs or PAs.
29. Enter the legal name for the Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA) in the 1st NP or PA Name text box.

30. Enter the NPI for the Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA) entered in the 1st NP or PA Name text box.

31. Enter the legal name and the NPI for up to two additions APRNs or PAs, if applicable.

32. Read the attestation certification statement.
33. Select either Submit to save the entered information or Save Draft when all of the information is not entered and you must secure this information before submitting a complete attestation form.

   Note: As a reminder, the information cannot be changed by the Provider once the attestation form has been submitted. Any needed changes will require the Provider to contact the Provider Service Center by calling (888) 289-0709.

34. View the Attestation Form submission notification.
35. Select **Log out** from the action menu to close the record. *(Required)*

36. Close the internet browser window by either selecting “Exit” from the File menu selection list or by selecting the internet browser window exit icon 🗑️.
COMPLETING A “SAVED DRAFT” ATTESTATION FORM

37. Select the Affordable Care Act Initiatives article in the Resources column in the SCDHHS Provider home page (https://www.scdhhs.gov/).
38. Access the attestation form from the embedded Form link found in the Primary Care Physician Attestation section of this web article.
39. The **Create new account / User Login** page will display when the link is selected.

40. Enter the Username created in Step 6 in the Username text box.
41. Enter the Password created in Step 8 in the Password text box.
42. Select **Log in**.
43. The **Attestation Form** web page will display and the previously entered information will be populated.

44. Enter the information needed to complete the attestation form.

45. Complete Steps 34 – 35 to submit the attestation form and close the internet browser window.
REVIEWING A SUBMITTED PROVIDER ATTESTATION FORM

46. Complete Steps 36 – 41 to access the attestation form.
47. Select Recent posts from the attestation form action menu.

48. Select the Attestation Form from the Recent posts page.
49. Select **View your previous submissions** from the **Attestation Form** web page.
50. Select the appropriate **View** to be reviewed from the available **Submissions for [Username]** web page.

51. Review your previous Provider Attestation Form submission.
52. Complete Steps 34 and 35 to end the submission review and close the web browser.

**CHANGING YOUR PASSWORD, USERNAME, EMAIL ADDRESS**

53. Complete Steps 36 - 41 to access the **Attestation Form** web page.
54. Select **My account** from the Action Menu.
55. Select the Edit tab from the user Home Page.

56. Enter the new Username, Email Address, Password, and/or the Time Zone you would like to be associated with your submitted attestation form in the appropriate text boxes, or for Time Zone the selection box, in the Edit tab of the My Account page. Your Username and Email address will default the current values. Enter ONLY the information being changed in these text boxes. For example, it is not necessary to change your Username if you are only changing your password. **Note:** The same new password must be entered in the Password and the Confirm Password text boxes and must match exactly in order to save the change of password.
57. Select **Save**.
58. Complete Steps 34 and 35 to close the internet browser window.

**FORGOT YOUR PASSWORD**

59. Complete Steps 36 - 41 to access the **Attestation Form** web page or if you are working within the attestation form, return to the **Home** page by selecting **Home>** in the navigation links.

60. Select the **Request new password** tab from the **User Account** page.
61. Enter either your registered email address or your Username in the **Username or email address** text box.

![User account screen](image1.jpg)

62. Select **E-mail new password**.

63. Check your registered email address for receipt of an email containing the link to create a new password.

64. Click on the inserted link within the email.

![Email content](image2.jpg)
65. Select the **Log in** button in the **Reset Password** page.

66. Enter your new password exactly the same in the **Password** and the **Confirm password** text boxes.
67. Select **Save** to update the password information.
68. Continue with the attestation form actions as needed.

**IMPORTANT FACTS**

- Upon submitting the attestation form, the information cannot be changed by the provider. Should changes to the submitted data be required, the provider will need to contact the Provider Service Center by calling (888) 289-0709.
- You can register only one Username to an email address **BUT** you can create multiple attestation forms for multiple providers under this username/email association.