

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 request reimbursement for the following procedure codes under their NPI:

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	

- 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/>, 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/>).

The screenshot displays the South Carolina Health & Human Services website. At the top, there is a navigation bar with the logo and name 'South Carolina Health & Human Services', a search bar, and a 'Report Fraud' button. Below the navigation bar are menu items: 'GETTING MEDICAID', 'FOR PROVIDERS', 'MEDIA ROOM', 'USEFUL TOOLS', and 'ABOUT US'. The main content area features a large banner for 'Report Fraud' with a stethoscope and gavel, and the text 'Medicaid Fraud Costs Taxpayers Millions!' and 'If you think you know of someone who is abusing the Medicaid program, Call (1-888-364-3224)'. Below the banner is a 'Read More' button. A red arrow points from the 'Report Fraud' banner area down to the 'Resources' section. The 'Resources' section contains the article 'Affordable Care Act Initiatives' with a sub-headline 'On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act. The law expands health coverage and puts in place...'. Other sections visible include 'LATEST NEWS' with articles from Jan 25, 2013 and Jan 17, 2013, and 'Stay Connected' with social media icons. At the bottom, there is a 'DHHS TWEETS' section and a footer with the 'scmedicaid' logo and text: 'Health Access at the Right Time (HeART) Community Health Worker application deadline extended to Jan. 31 at noon: t.co/z1V55pdx'.

2. Access the attestation form from the embedded **Form** link found in the **Primary Care Physician Attestation** section of this web article.

South Carolina Health & Human Services

Report Fraud

SEARCH

GETTING MEDICAID FOR PROVIDERS MEDIA ROOM USEFUL TOOLS ABOUT US

Home

Affordable Care Act Initiatives

Tue, 01/08/2013 - 09:09

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act. The law expands health coverage and puts in place comprehensive health insurance reforms. The South Carolina Department of Health and Human Services is actively working on the following Enhanced Payment for Primary Care Services initiatives:

Increasing Access to Affordable Care: Increasing Medicaid Payments for Primary Care Physicians-Effective January 1, 2013-December 31, 2014

As Medicaid programs and providers prepare to cover more patients in 2013, the Affordable Care Act requires states to pay primary care physicians no less than 100 percent of Medicare payment rates in 2013 and 2014 for primary care services. The increase above current payment levels is fully funded by the federal government.

Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status Transactions-Effective January 1, 2013

By implementing these requirements, States will improve the automation of health care administrative processes and benefit from reduced transaction costs (e.g. reduced time and effort related to contacting physicians and health plans for resolution of claims, denial of claims and additional postage and paperwork costs).

THE FOLLOWING LINKS PROVIDE ADDITIONAL INFORMATION:

- Council for Affordable Quality Healthcare CAQH
- Centers for Medicare & Medicaid Services
- SCDHHS Companion Guides
- PCP Final Rule
- Operating Rule Final Rule
- Fees for Primary Care Physicians under the Affordable Care Act Bulletin

PRIMARY CARE PHYSICIAN ATTESTATION

- Form
- Form User Guide

MOST VIEWS

- MCO - MHN Health Plan Meeting*
- DHHS County Offices*
- How To Apply*
- Provider Manuals*
- General Contact Info*

Stay Connected

f t x e

3. The **Create new account / User Login** page will display when the link is selected.

South Carolina Health & Human Services

Primary Care Physician Attestation

Home >

Create new account / User Login

You need to login below or register to access this page.

[Create new account](#) [Log in](#) [Request new password](#)

Username: *

Enter your Primary Care Physician Attestation username.

Password: *

Enter the password that accompanies your username.

[Log in](#)

RELATED LINKS

- [The Affordable Care Act Becomes Law](#)

4. Select the **Create new account tab** from the defaulted **Create new account / User Login** page.

South Carolina Health & Human Services

Primary Care Physician Attestation

Home >

Create new account / User Login

You need to login below or register to access this page.

[Create new account](#) [Log in](#) [Request new password](#)

Username: *

Enter your Primary Care Physician Attestation username.

Password: *

Enter the password that accompanies your username.

[Log in](#)

5. The **User account** page will be displayed.

The screenshot shows the 'User account' page for the South Carolina Health & Human Services Primary Care Physician Attestation system. The page has a dark blue header with the organization's logo and name. Below the header, there is a breadcrumb trail 'Home > User account >' and the title 'User account'. There are three buttons: 'Create new account', 'Log in', and 'Request new password'. The 'Create new account' button is highlighted with a blue border. Below the buttons, there are four text input fields: 'Username: *', 'E-mail address: *', 'Password: *', and 'Confirm password: *'. Each field has a small asterisk indicating it is required. Below the 'E-mail address' field, there is a note: 'A valid e-mail address. All e-mails from the system will be sent to this address. The e-mail address is not made public and will only be used if you wish to receive a new password or wish to receive certain news or notifications by e-mail.' Below the 'Password' and 'Confirm password' fields, there is a note: 'Please choose a password for your account; it must be at least 10 characters.' Below the password fields, there is a CAPTCHA section with the title 'CAPTCHA' and the text 'This question is for testing whether you are a human visitor and to prevent automated spam submissions.' The CAPTCHA question is 'Math question: *' with the equation '3 + 15 =' followed by a text input box containing the number '13'. Below the CAPTCHA section, there is a 'Create new account' button.

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)
- Passwords must be at least ten (10) alphanumeric characters in length
 - Password must contain at least one (1) uppercase character
 - Password must contain at least one (1) punctuation character
 - 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 =
11. Select **Create new account**

COMPLETING THE PROVIDER ATTESTATION FORM

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

South Carolina Health & Human Services
Primary Care Physician Attestation

Home >
Attestation Form
** One or more field is required*

Section I: Demographic Information

Individual Provider Name: *

Are you a physician with a specialty designation of?:

Family Medicine
 General Internal Medicine
 Pediatric Medicine

Select Subspecialty *
- ▶ American Board of Medical Specialties
- ▶ American Osteopathic Association
- ▶ American Board of Physician Specialties

Individual NPI: *

Individual NPI Again: *

Billing NPI: *

Address:

City:

State:
- None -

Telephone:

Format: (000) xxx-xxxx

Fax:

Format: (000) xxx-xxxx

Email:

It will be used to email you registered user name

Your Username will appear here

- My account
- Recent posts
- Log out

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.

South Carolina Health & Human Services
Primary Care Physician Attestation

Home >
Attestation Form
** One or more field is required*

Section I: Demographic Information

Individual Provider Name: *

Are you a physician with a specialty designation of?:

- Family Medicine
- General Internal Medicine
- Pediatric Medicine

Select Subspecialty *

- ▶ American Board of Medical Specialties
- ▶ American Osteopathic Association
- ▶ American Board of Physician Specialties

Your Username will appear here

- My account
- Recent posts
- Log out

15. Select the appropriate **Select Subspecialty** drop down arrow (▶) next to the applicable Board Certification type.

South Carolina Health & Human Services
Primary Care Physician Attestation

Home >
Attestation Form
** One or more field is required*

Section I: Demographic Information

Individual Provider Name: *

Are you a physician with a specialty designation of?:

- Family Medicine
- General Internal Medicine
- Pediatric Medicine

Select Subspecialty *

- ▶ American Board of Medical Specialties
- ▶ American Osteopathic Association
- ▶ American Board of Physician Specialties

Your Username will appear here

- My account
- Recent posts
- Log out

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)**

Select subspecialty*

▼ American Board of Medical Specialties

American Board of Family Medicine:
- None -

American Board of Internal Medicine:
- None -

American Board of Pediatrics:
- None -

▼ American Osteopathic Association

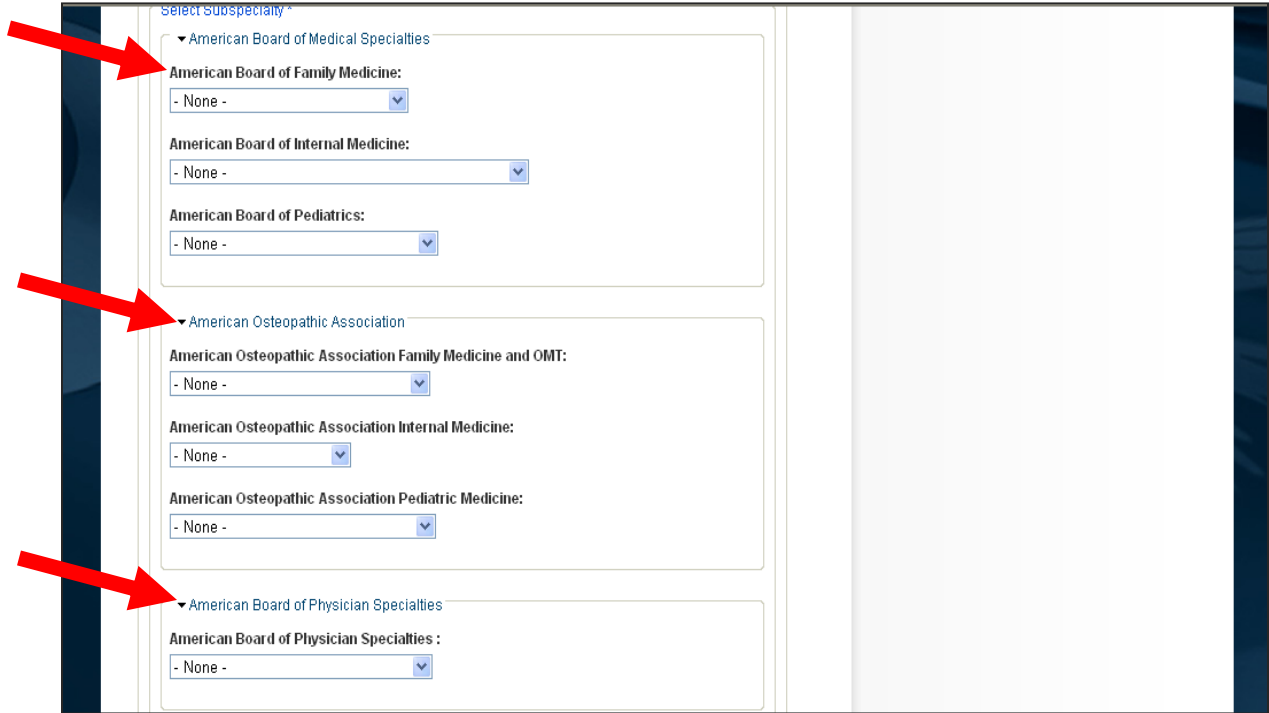
American Osteopathic Association Family Medicine and OMT:
- None -

American Osteopathic Association Internal Medicine:
- None -

American Osteopathic Association Pediatric Medicine:
- None -

▼ American Board of Physician Specialties

American Board of Physician Specialties :
- None -



17. Select the appropriate subspecialty type from the drop down list of applicable subspecialties.

The screenshot shows a form with three main sections for medical specialties:

- American Board of Medical Specialties**
 - American Board of Family Medicine: - None -
 - American Board of Internal Medicine: - None -
 - American Board of Pediatrics: - None -
- American Osteopathic Association**
 - American Osteopathic Association Family Medicine and OMT: - None - (This dropdown is open, showing a list of subspecialties: Addiction Medicine, Adolescent/Young Adult Medicine, Geriatric Medicine, Sports Medicine, Undersea and Hyperbaric Medicine, Hospice and Palliative Medicine, Sleep Medicine)
- American Board of Physician Specialties**
 - American Board of Physician Specialties: - None -

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 **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)*

Are you Board Certified?:

Yes

By clicking yes, "I (grillpeg2) certify that the named provider is Board certified with a specialty designation family medicine, general internal medicine, or pediatric medicine or a subspecialty related to those specialties."

Or

At least 60% of all Medicaid services you bill or provide in a managed care environment are for the specified E&M and vaccine administration codes.

Yes

▼ For Supervisors of Advanced Practice Registered Nurse and Physician Assistant *

The below information contains the Name and Individual NPI for a licensed Advanced Practice Registered Nurse and Physician Assistant providing qualified primary care services under my (grillpeg2) personal supervision.

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.

▼ For Supervisors of Advanced Practice Registered Nurse and Physician Assistant *

The below information contains the Name and Individual NPI for a licensed Advanced Practice Registered Nurse and Physician Assistant providing qualified primary care services under my (grillpeg2) personal supervision.

I do not Supervise any Advanced Practice Registered Nurse and Physician Assistant

1st NP or PA Name:

1st NP or PA NPI number:

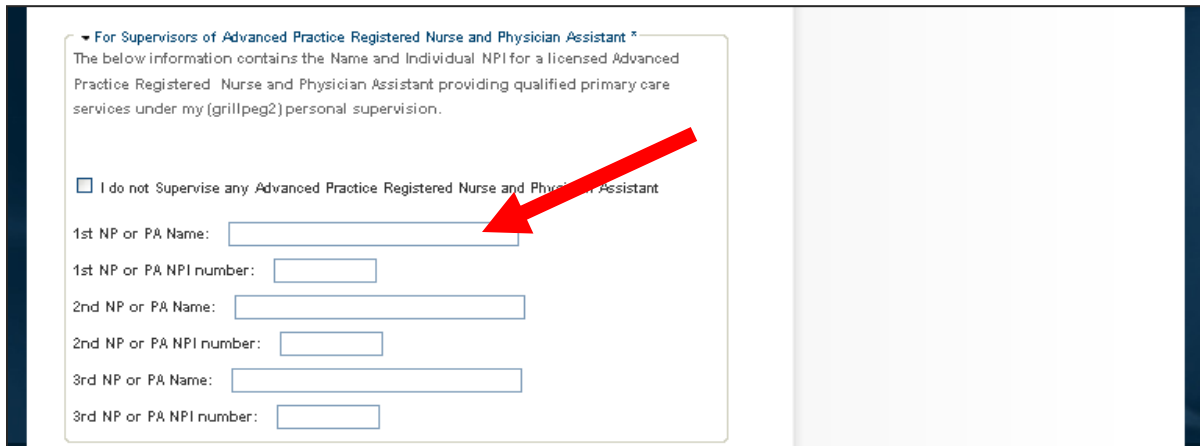
2nd NP or PA Name:

2nd NP or PA NPI number:

3rd NP or PA Name:

3rd NP or PA NPI number:

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.



▼ For Supervisors of Advanced Practice Registered Nurse and Physician Assistant *

The below information contains the Name and Individual NPI for a licensed Advanced Practice Registered Nurse and Physician Assistant providing qualified primary care services under my (grillpeg2) personal supervision.

I do not Supervise any Advanced Practice Registered Nurse and Physician Assistant

1st NP or PA Name:

1st NP or PA NPI number:

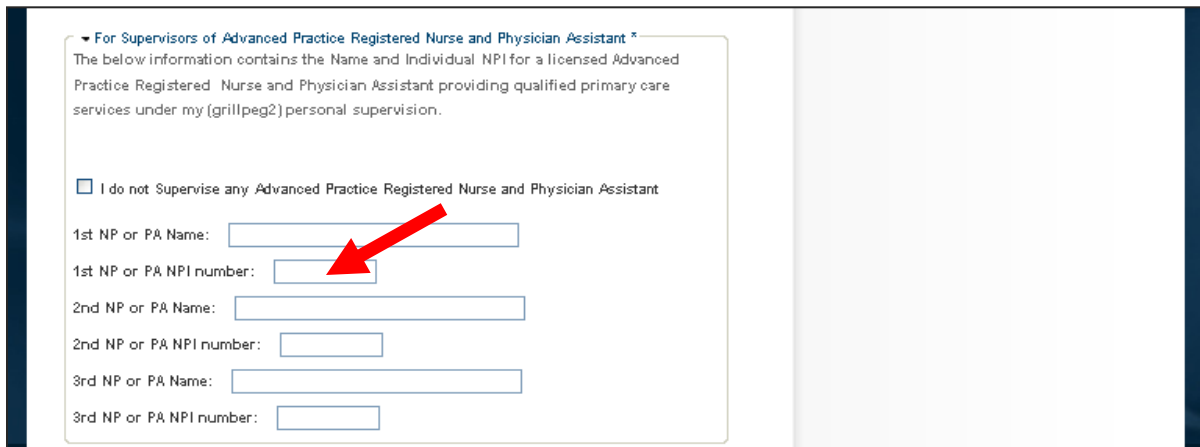
2nd NP or PA Name:

2nd NP or PA NPI number:

3rd NP or PA Name:

3rd NP or PA NPI number:

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.



▼ For Supervisors of Advanced Practice Registered Nurse and Physician Assistant *

The below information contains the Name and Individual NPI for a licensed Advanced Practice Registered Nurse and Physician Assistant providing qualified primary care services under my (grillpeg2) personal supervision.

I do not Supervise any Advanced Practice Registered Nurse and Physician Assistant

1st NP or PA Name:

1st NP or PA NPI number:

2nd NP or PA Name:

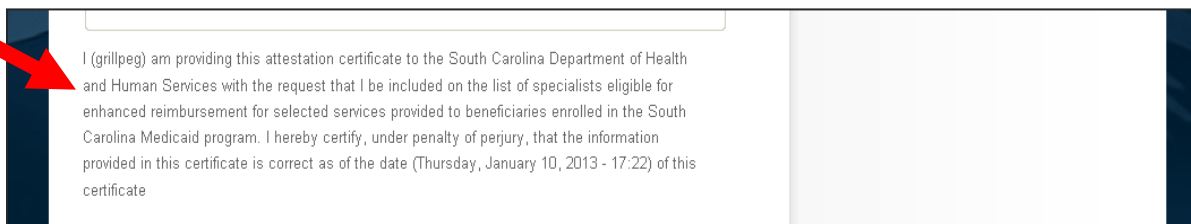
2nd NP or PA NPI number:

3rd NP or PA Name:

3rd NP or PA NPI number:

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

32. Read the attestation certification statement.



I (grillpeg) am providing this attestation certificate to the South Carolina Department of Health and Human Services with the request that I be included on the list of specialists eligible for enhanced reimbursement for selected services provided to beneficiaries enrolled in the South Carolina Medicaid program. I hereby certify, under penalty of perjury, that the information provided in this certificate is correct as of the date (Thursday, January 10, 2013 - 17:22) of this certificate

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.*

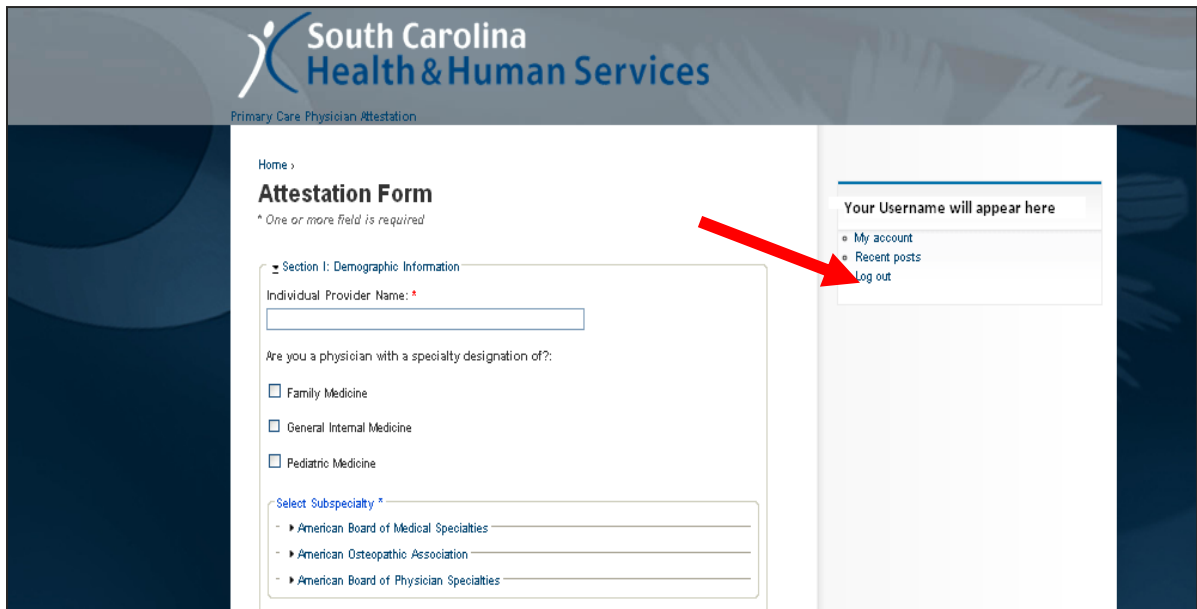
I (grillpeg2) am providing this attestation certificate to the South Carolina Department of Health and Human Services with the request that I be included on the list of specialists eligible for enhanced reimbursement for selected services provided to beneficiaries enrolled in the South Carolina Medicaid program. I hereby certify, under penalty of perjury, that the information provided in this certificate is correct as of the date (Wednesday, January 16, 2013 - 14:19) of this certificate.

**Warning: Once submitted the attestation cannot be edited.
Please verify all information prior to submission.**

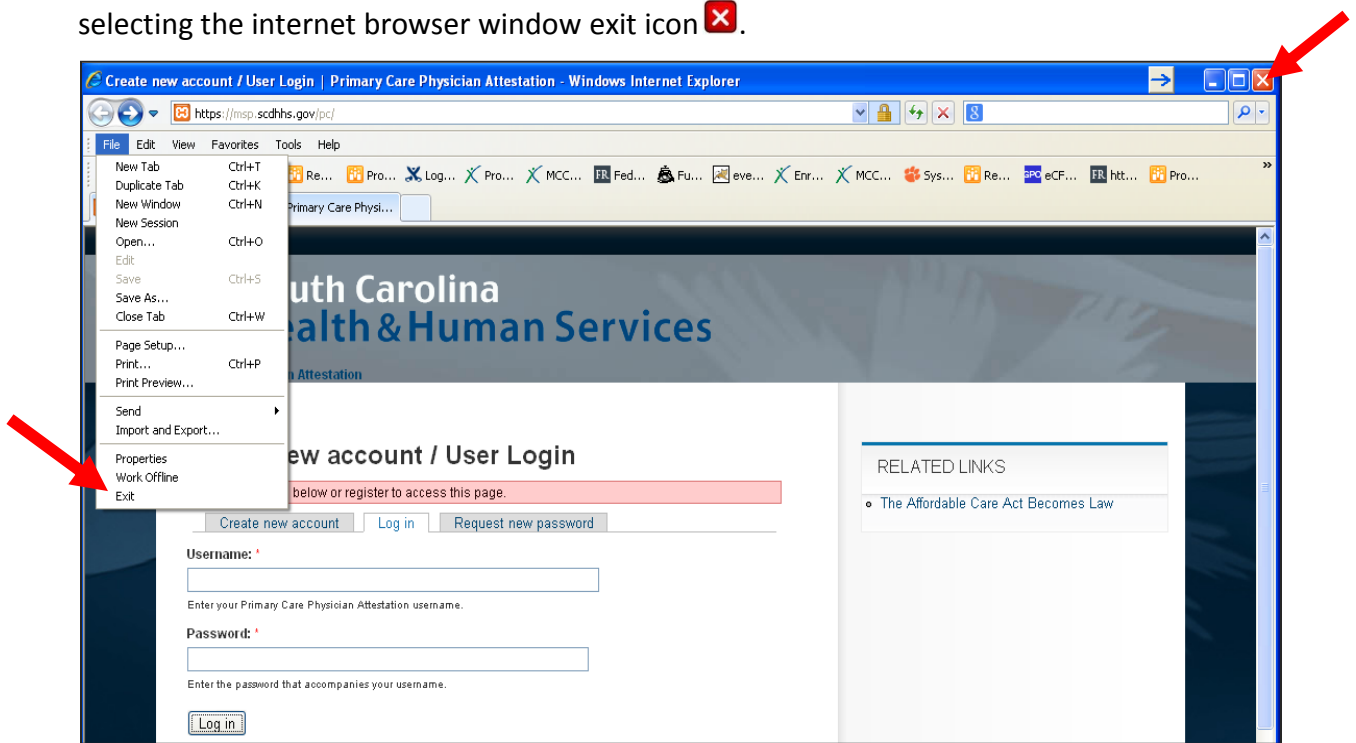
34. View the **Attestation Form** submission notification.

The screenshot shows the user interface for the Primary Care Physician Attestation submission notification. At the top, the South Carolina Health & Human Services logo is displayed. Below the logo, the page title is "Primary Care Physician Attestation". The main content area shows a breadcrumb trail "Home > Attestation Form >" followed by the heading "Attestation Form" and the message "Thank you. No further action needed". A link "Go back to the form" is provided. On the right side, there is a user profile section for "GRILLPEG1" with links for "My account", "Recent posts", and "Log out". Below this is a "HELP" section with links for "User Guide" and "Provider Service Center (888) 289-0709".

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/>).

The screenshot shows the South Carolina Health & Human Services website. At the top, there is a navigation bar with the logo and a search box. Below the navigation bar, there are several menu items: GETTING MEDICAID, FOR PROVIDERS, MEDIA ROOM, USEFUL TOOLS, and ABOUT US. The main content area features a large banner for "Report Fraud" with a stethoscope and a gavel, and a "Read More" button. Below the banner, there is a "Breaking" news alert about the SC Department of Revenue. The "RESOURCES" section is highlighted with a red arrow, and the "Affordable Care Act Initiatives" article is visible. Other sections include "LATEST NEWS" and "Stay Connected".

South Carolina Health & Human Services

Report Fraud

SEARCH

GETTING MEDICAID FOR PROVIDERS MEDIA ROOM USEFUL TOOLS ABOUT US

Medicaid Fraud Costs Taxpayers Millions!

If you think you know of someone who is abusing the Medicaid program, Call (1-888-364-3224)

[Read More](#)

Report Fraud

call **1-888-364-3224**

Breaking Information about the SC Department of Revenue & your personal tax information [Read More](#)

LATEST NEWS

Jan 25, 2013 | Public Notice
Notice of Standards for RHBS

Jan 17, 2013 | Bulletin / Press Release
Governor Haley Announces Investment in Rural Hospitals

COLUMBIA, S.C. - Beginning next year, Medicaid-designated rural hospitals in South Carolina will be...

Jan 16, 2013 | Bulletin / Press Release

RESOURCES

Affordable Care Act Initiatives

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act. The law expands health coverage and puts in place...

Provider Enrollment and Screening Requirements

Stay Connected

f t x e

DHHS TWEETS:

scmedicaid Health Access at the Right Time (HeART) Community Health Worker application deadline extended to Jan. 31 at noon: 1.co/z1V55pdx

38. Access the attestation form from the embedded **Form** link found in the **Primary Care Physician Attestation** section of this web article.

South Carolina Health & Human Services

Report Fraud

GETTING MEDICAID FOR PROVIDERS MEDIA ROOM USEFUL TOOLS ABOUT US

Home

Affordable Care Act Initiatives

Tue, 01/08/2013 - 09:09

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Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status Transactions-Effective January 1, 2013

By implementing these requirements, States will improve the automation of health care administrative processes and benefit from reduced transaction costs (e.g. reduced time and effort related to contacting physicians and health plans for resolution of claims, denial of claims and additional postage and paperwork costs).

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- Operating Rule Final Rule
- Fees for Primary Care Physicians under the Affordable Care Act Bulletin

PRIMARY CARE PHYSICIAN ATTESTATION

- Form
- Form User Guide

MOST VIEWS

- MCO - MHN Health Plan Meeting
- DHHS County Offices
- How To Apply
- Provider Manuals
- General Contact Info

Stay Connected

f t x e

39. The **Create new account / User Login** page will display when the link is selected.

The screenshot shows the 'Create new account / User Login' page for the South Carolina Health & Human Services Primary Care Physician Attestation system. The page features a header with the organization's logo and name. Below the header, there is a navigation bar with 'Home >' and the page title 'Create new account / User Login'. A red error message states 'You need to login below or register to access this page.' Below this, there are three buttons: 'Create new account', 'Log in', and 'Request new password'. The 'Log in' button is highlighted. The main content area contains two text input fields: 'Username:' and 'Password:'. Below the 'Username:' field, there is a prompt: 'Enter your Primary Care Physician Attestation username.' Below the 'Password:' field, there is a prompt: 'Enter the password that accompanies your username.' At the bottom of the form, there is a 'Log in' button. On the right side of the page, there is a 'RELATED LINKS' section with a single link: 'The Affordable Care Act Becomes Law'.

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.

South Carolina Health & Human Services
Primary Care Physician Attestation

Attestation Form

* One or more field is required

▼ Section I: Demographic Information

Individual Provider Name: *
Testing Save Draft

Are you a physician with a specialty designation of?:

Family Medicine
 General Internal Medicine
 Pediatric Medicine

Select Subspecialty *

▼ American Board of Medical Specialties

American Board of Family Medicine:
Geriatric Medicine

American Board of Internal Medicine:
- None -

American Board of Pediatrics:
- None -

▶ American Osteopathic Association
▶ American Board of Physician Specialties

Individual NPI: *
1234567890

Individual NPI Again: *
1234567890

Your Username will appear here

- My account
- Recent posts
- Log out

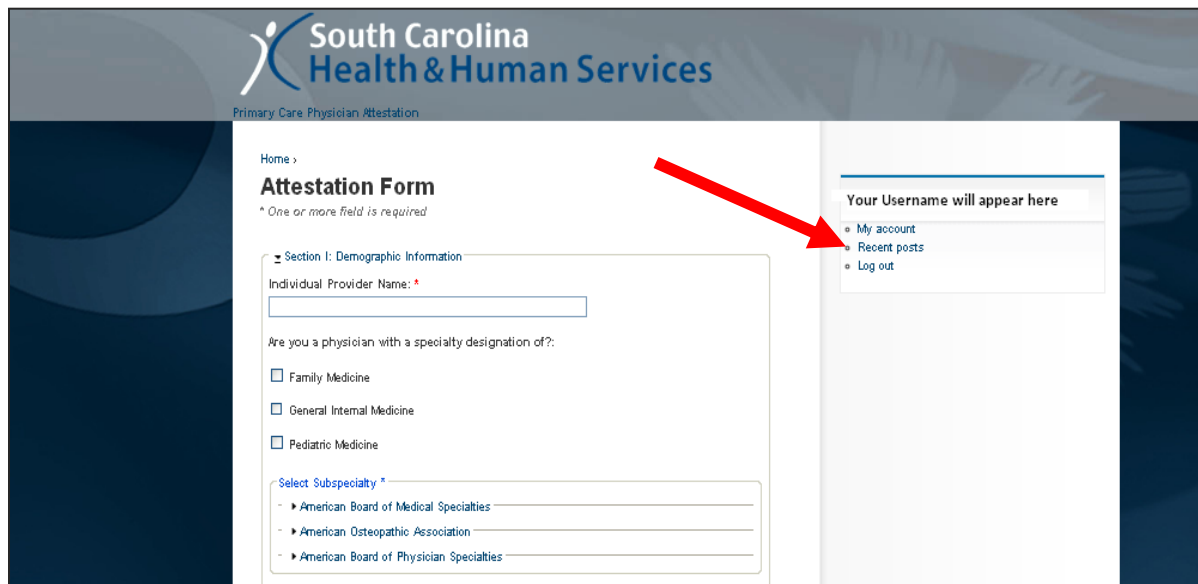
44. Enter the information needed to complete the attestation form.

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.



South Carolina Health & Human Services
Primary Care Physician Attestation

Home >
Attestation Form
** One or more field is required*

Section I: Demographic Information

Individual Provider Name: *

Are you a physician with a specialty designation of?:

Family Medicine
 General Internal Medicine
 Pediatric Medicine

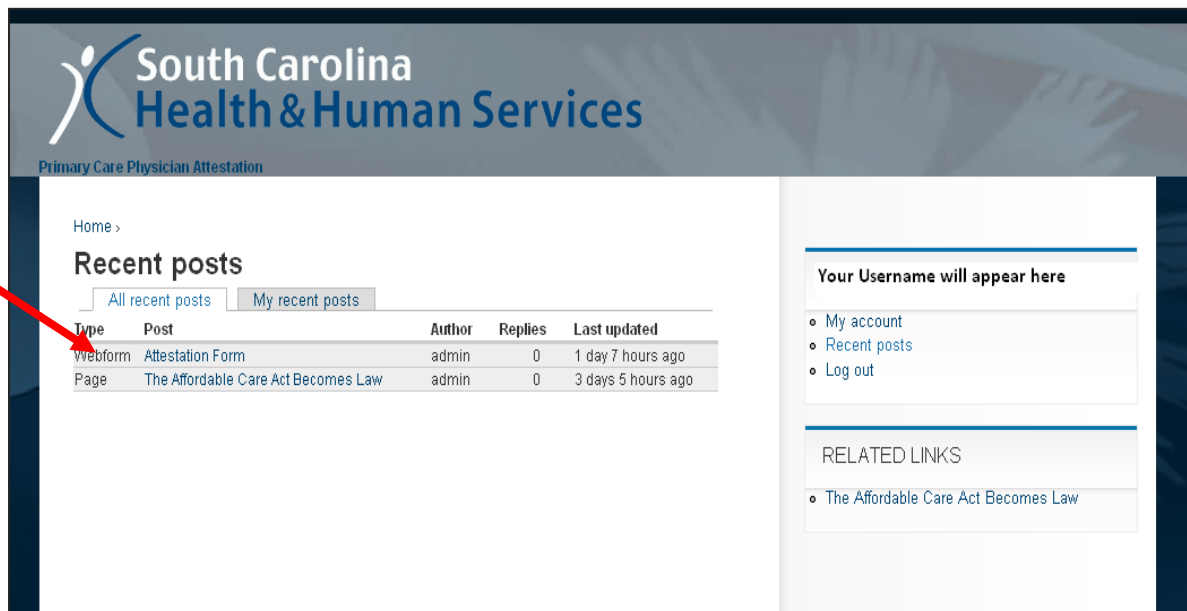
Select Subspecialty *

- American Board of Medical Specialties
- American Osteopathic Association
- American Board of Physician Specialties

Your Username will appear here

- My account
- Recent posts**
- Log out

48. Select the **Attestation Form** from the Recent posts page.



South Carolina Health & Human Services
Primary Care Physician Attestation

Home >
Recent posts

All recent posts | My recent posts

Type	Post	Author	Replies	Last updated
Webform	Attestation Form	admin	0	1 day 7 hours ago
Page	The Affordable Care Act Becomes Law	admin	0	3 days 5 hours ago

Your Username will appear here

- My account
- [Recent posts](#)
- Log out

RELATED LINKS

- [The Affordable Care Act Becomes Law](#)

49. Select **View your previous submissions** from the **Attestation Form** web page.

South Carolina Health & Human Services
Primary Care Physician Attestation

Home >

Attestation Form

You have already submitted this form. [View your previous submissions.](#)

* One or more field is required

▼ Section I: Demographic Information

Individual Provider Name: *

Are you a physician with a specialty designation of?:

Family Medicine

General Internal Medicine

Pediatric Medicine

Select Subspecialty *

▶ American Board of Medical Specialties

▶ American Osteopathic Association

▶ American Board of Physician Specialties

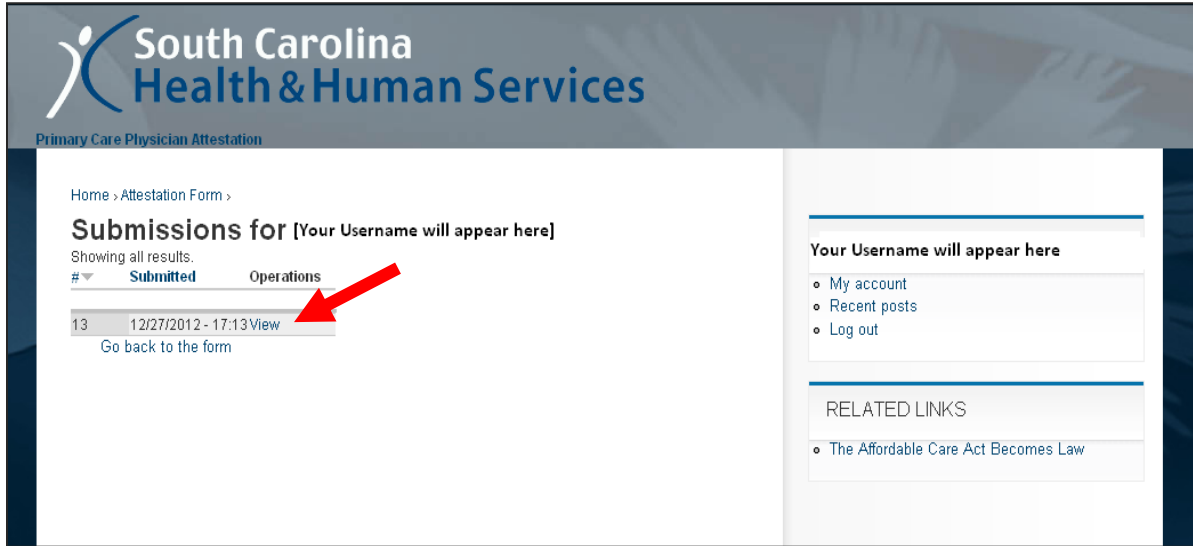
Individual NPI: *

Individual NPI Alias: *

Your Username will appear here

- My account
- Recent posts
- Log out

50. Select the appropriate **View** to be reviewed from the available **Submissions for [Username]** web page.



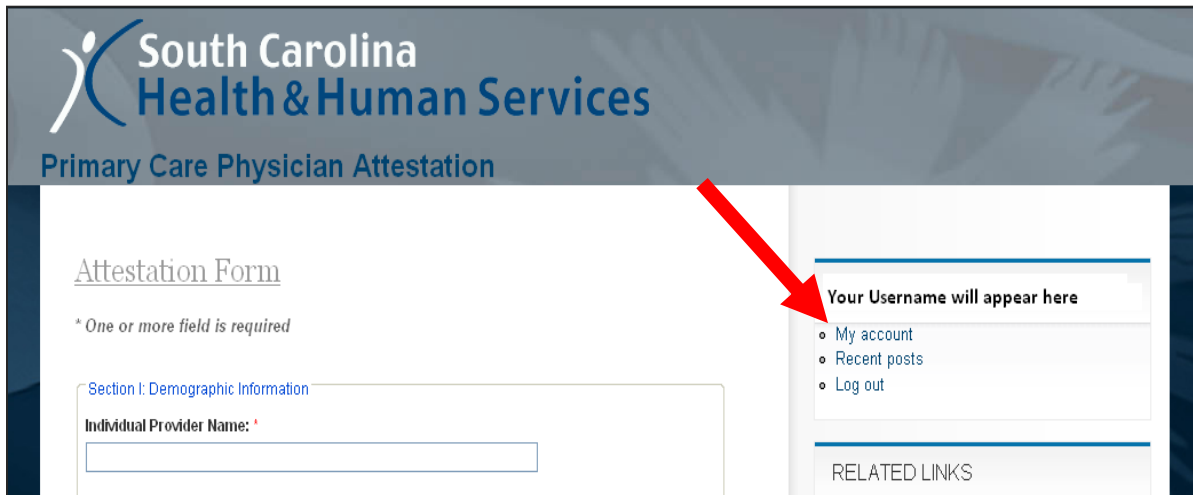
51. Review your previous Provider Attestation Form submission.

52. Complete Steps 34 and 35 to end the submission review and close the web browser.

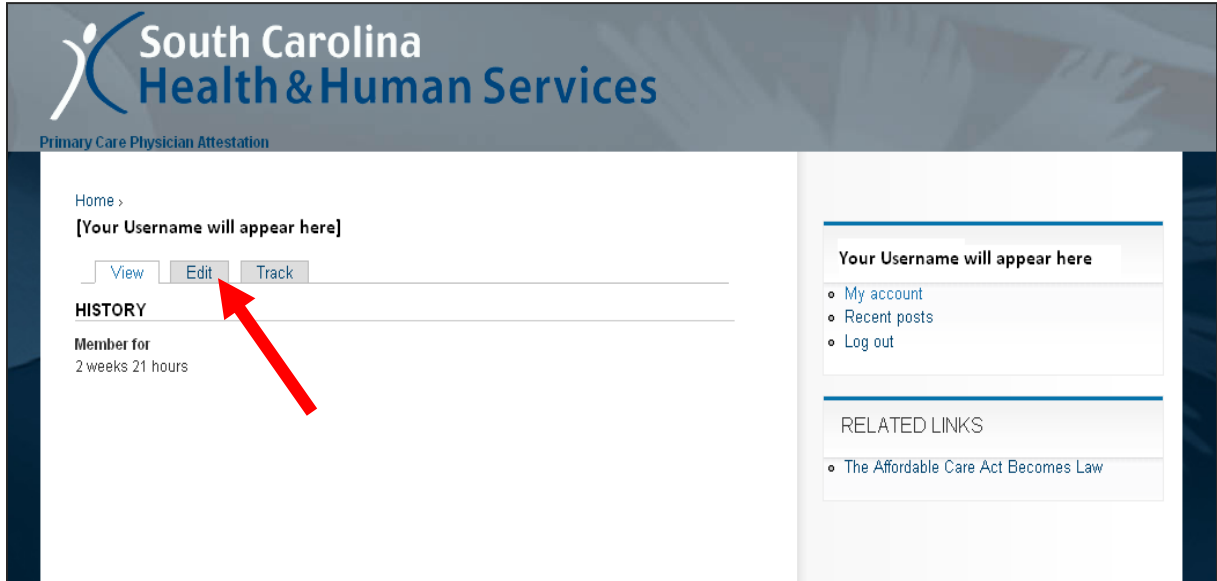
CHANGING YOUR PASSWORD, USERNAME, EMAIL ADDRESS

53. Complete Steps 36 - 41 to access the **Attestation Form** web page.

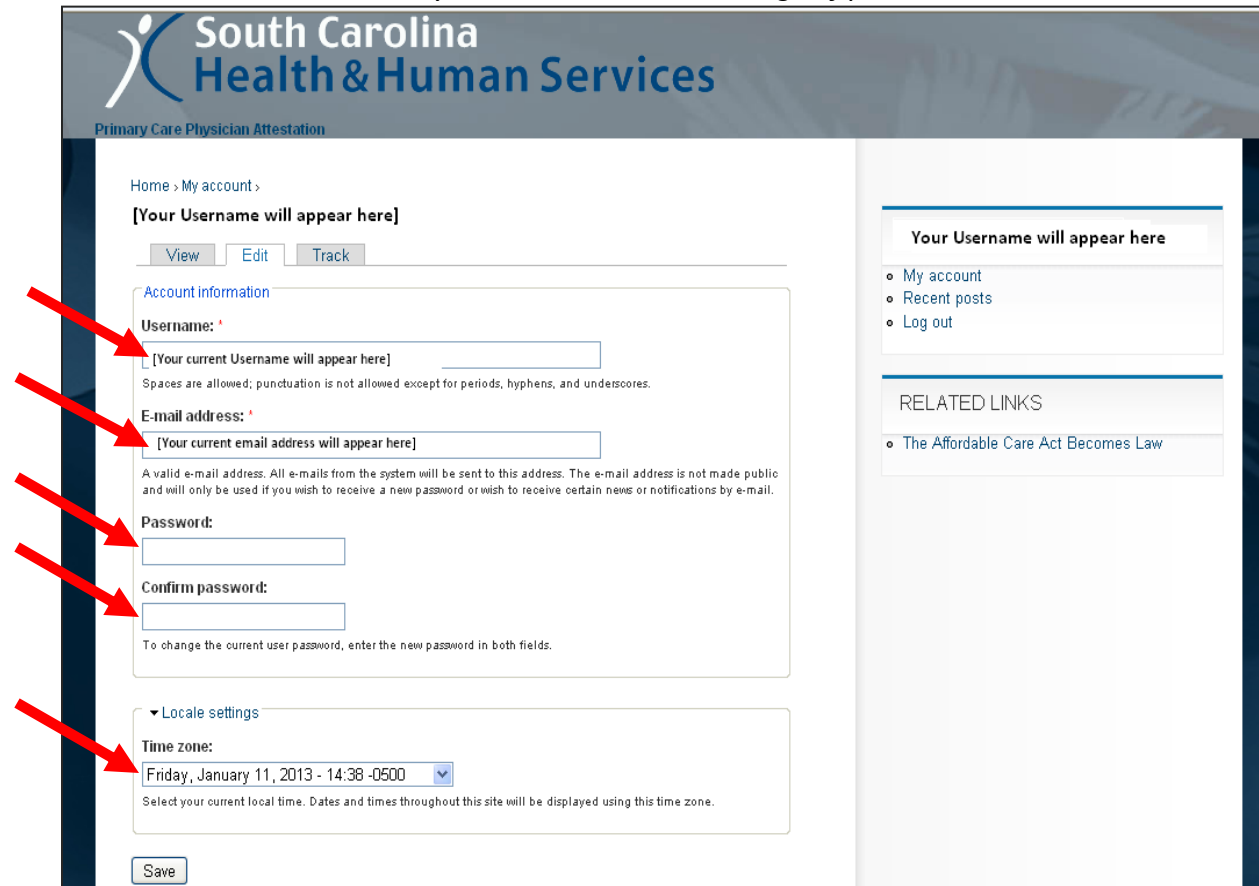
54. Select **My account** from the Action Menu.



55. Select the Edit tab from the user Home Page.



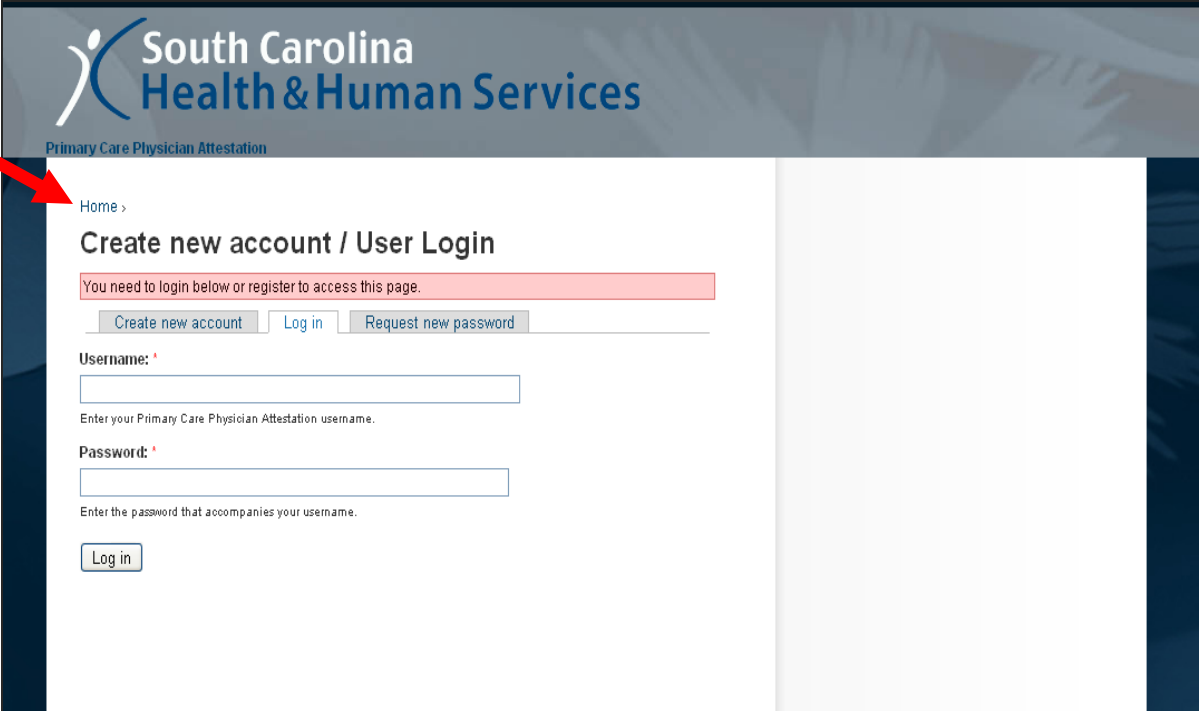
56. Enter the new Username, Email Address, Password, and/or the Time Zone you would like to be associated with your submitted attestation form in the appropriate text boxes, or for Time Zone the selection box, in the **Edit** tab of the **My Account** page. Your Username and Email address will default 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.



South Carolina Health & Human Services

Primary Care Physician Attestation

Home >

Create new account / User Login

You need to login below or register to access this page.

[Create new account](#) [Log in](#) [Request new password](#)

Username: *

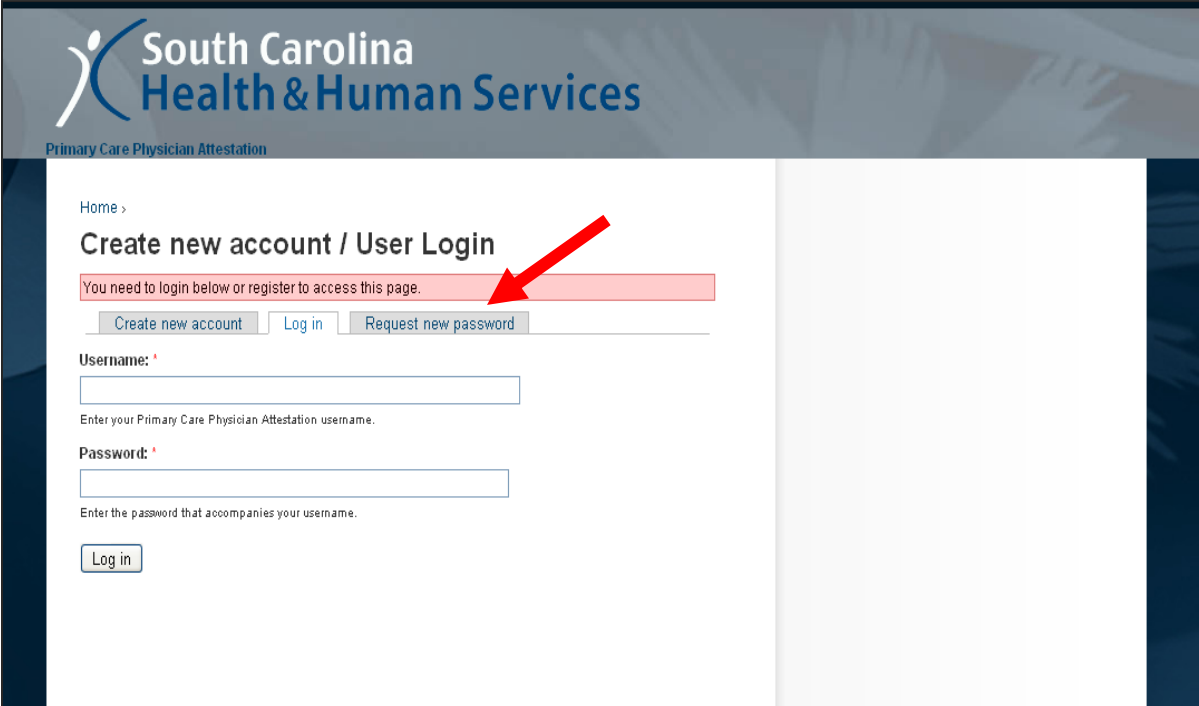
Enter your Primary Care Physician Attestation username.

Password: *

Enter the password that accompanies your username.

[Log in](#)

60. Select the **Request new password** tab from the **User Account** page.



South Carolina Health & Human Services

Primary Care Physician Attestation

Home >

Create new account / User Login

You need to login below or register to access this page.

[Create new account](#) [Log in](#) [Request new password](#)

Username: *

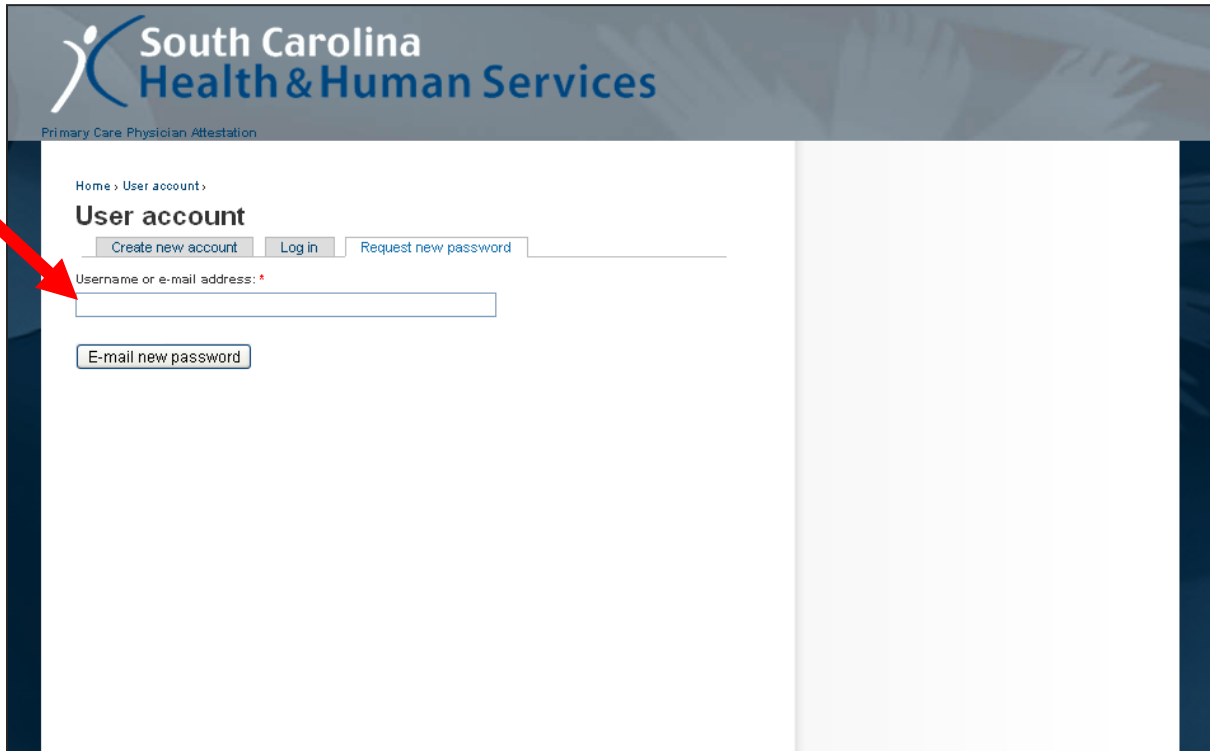
Enter your Primary Care Physician Attestation username.

Password: *

Enter the password that accompanies your username.

[Log in](#)

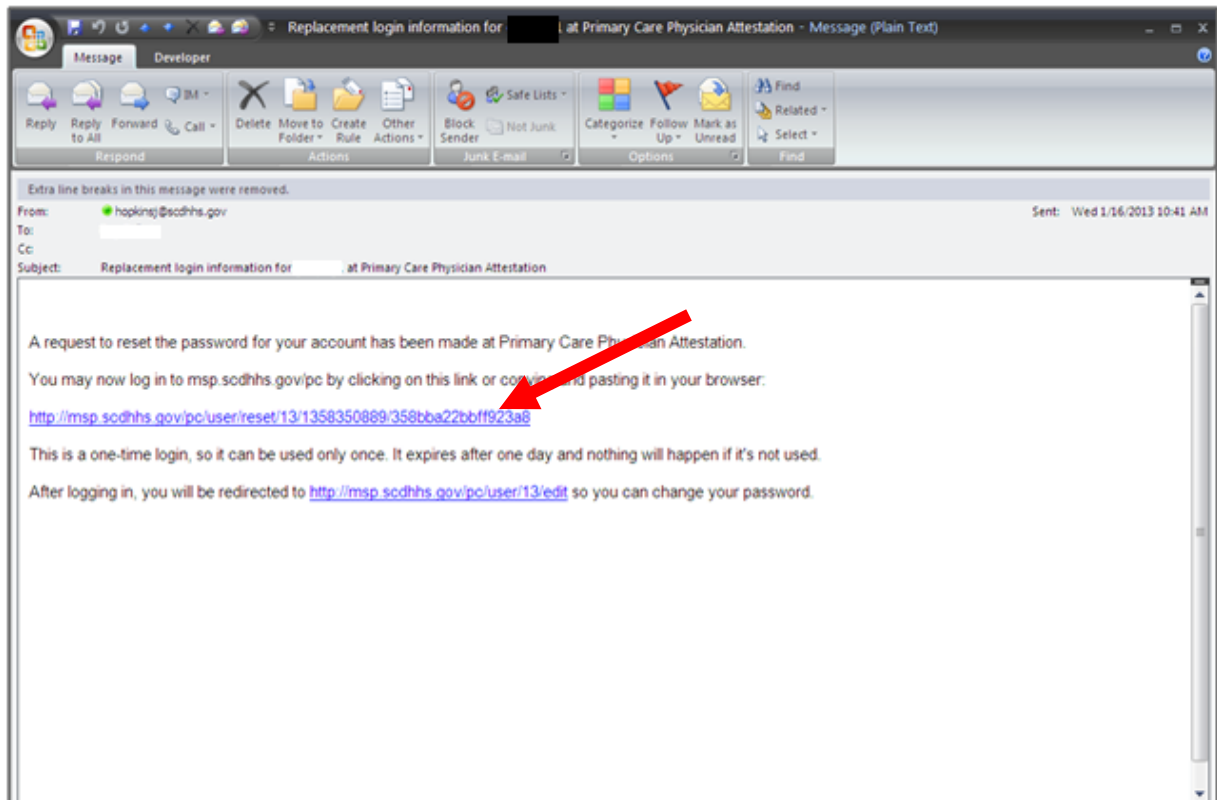
61. Enter either your registered email address or your Username in the **Username or email address** text box.



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.



65. Select the **Log in** button in the **Reset Password** page.

South Carolina Health & Human Services
Primary Care Physician Attestation

Home >

Reset password

You have successfully validated your e-mail address.

This is a one-time login for *grillpeg1* and will expire on *Thu, 01/17/2013 - 10:41*.

Click on this button to login to the site and change your password.

This login can be used only once.

66. Enter your new password exactly the same in the **Password** and the **Confirm password** text boxes.

South Carolina Health & Human Services
Primary Care Physician Attestation

Home > My account >

[Your username will appear here]

You have just used your one-time login link. It is no longer necessary to use this link to login. Please change your password.

Account information

Username: *

Spaces are allowed; punctuation is not allowed except for periods, hyphens, and underscores.

E-mail address: *

A valid e-mail address. All e-mails from the system will be sent to this address. The e-mail address is not made public and will only be used if you wish to receive a new password or wish to receive certain news or notifications by e-mail.

Password:

Confirm password:

To change the current user password, enter the new password in both fields.

▼ Locale settings

Time zone:
 ▼
Select your current local time. Dates and times throughout this site will be displayed using this time zone.

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.