

MAA SPMP Questionnaire Instructions

Where possible, we have pre-filled the form for you. Please confirm the information we entered is correct.

These screen shots note the areas that must be completed with arrows or text boxes. If you have more education, please fill out other areas as needed.

**SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP)
Questionnaire**

Name of Employee: _____

Name of Employee's Supervisor: _____

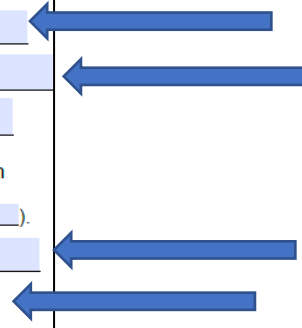
Name of Local Governmental Agency Coordinator: Nikki Yates

To determine whether you qualify for federally funded reimbursement claims as an SPMP, please complete the following questionnaire and return it to the Local Governmental Agency (LGA) Coordinator no later than (**Due Date:** January 15, 2021).

Agency/Claiming Unit: _____

Position Classification: _____

Describe duties and list specific examples of how you use your medical knowledge or skills to perform County-Based Medi-Cal Administrative Activities (CMAA) for the claiming unit:



We will enter the SPMP Code 16 & 18 section from your MAA Duty Statement here. Please add at least 3 specific examples.

1) Are you a physician licensed to practice medicine in the State of California?

a) **YES.**

- i) Provide the license number: _____
- ii) Attach a copy of your license, if available.
- iii) Sign this form and return it.

b) **NO.** Proceed to Question 2.

2) Have you completed an educational program in a health-related field?

a) **YES.**

- i) Which health-related field: _____
- ii) Highest academic degree received in that field: _____
- iii) Subject of your academic degree (Major): _____
- iv) Name of the college/university where degree was obtained: _____
- v) Attach a copy of your degree, if available.

b) **NO.** Proceed to Question 3.

3) Did your educational program last at least two years? Yes No

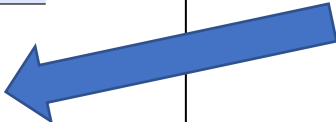
4) Did your educational program lead to a license in a medically related profession?

a) **YES.**

- i) Provide the license type, number, and issuing state. _____
- ii) Sign this form and return it.

If you are not a Physician, please go to question 2.

Answer all four Questions (i – iv)



If you have more than one license (RN, PHN) please enter them here.

8) How many years of experience do you have performing duties in a medically related profession?

3 or more years 2 years 1 year Less than 1 year

a) Attach documentation of your experience, if applicable.

Signature of Claimant/Employee

Supervisor and LGA Coordinator's Section

Supervisor's statement of additional qualifying requirements for SPMP status:

E-sign **

1. Click in "Signature of Claimant/Employee" field.

If you have a digital signature you will skip to step 6 "Sign with a digital ID"

****If you do not have an existing Adobe/Windows signature you will need to configure one. (If you have a digital signature you will skip to step 6 "Sign with a digital ID".)**

Digital ID Configuration Required

This signature field requires a digital signature identity.

Would you like to configure one now?

Help **Configure Digital ID** Cancel

2. Click "Configure Digital ID".

Configure a Digital ID for signing

A Digital ID is required to create a digital signature. The most secure Digital ID are issued by trusted Certificate authorities and are based on secure devices like smart card or token. Some are based on files.

You can also create a new Digital ID, but they provide a low level of identity assurance.

Select the type of Digital ID:

- Use a Signature Creation Device
Configure a smart card or token connected to your computer
- Use a Digital ID from a file
Import an existing Digital ID that you have obtained as a file
- Create a new Digital ID**
Create your self-signed Digital ID

Cancel **Continue**

3. Select "Create a new Digital ID" and click "Continue".

Select the destination of the new Digital ID

Digital IDs are typically issued by trusted providers that assure the validity of the identity. Self-signed Digital ID may not provide the same level of assurance and may not be accepted in some use cases. Consult with your recipients if this is an acceptable form of authentication.

- Save to File
Save the Digital ID to a file in your computer
- Save to Windows Certificate Store**
Save the Digital ID to Windows Certificate Store to be shared with other applications

Back **Continue**

4. Select "Save to Windows Certificate Store" and click "Continue".

Create a self-signed Digital ID [X]

Enter the identity information to be used for creating the self-signed Digital ID.

Digital IDs that are self-signed by individuals do not provide the assurance that the identity information is valid. For this reason they may not be accepted in some use cases.

Name	Jessica Victorino
Organizational Unit	HSA/Admin/Fiscal/MAA
Organization Name	County of Santa Cruz
Email Address	jessica.victorino@santacruzcounty.us
Country/Region	US - UNITED STATES
Key Algorithm	2048-bit RSA
Use Digital ID for	Digital Signatures

[?] [Back] [Save]

5. Enter your Credentials here and click "Save".

Sign with a Digital ID [X]

Choose the Digital ID that you want to use for signing: [Refresh]

- **Jessica Victorino** (Windows Digital ID) [View Details](#)
Issued by: Jessica Victorino, Expires: 2025.12.17

[?] [Configure New Digital ID] [Cancel] [Continue]

6. Click "Continue".

Sign as "Jessica Victorino" [X]

Appearance: Standard Text [Create]

Jessica Victorino Digitally signed by Jessica Victorino
Date: 2020.12.17 08:10:13 -08'00'

[View Certificate Details](#)

Review document content that may affect signing [Review]

[Back] [Sign]

7. Click "Sign".

