

APA-1

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-1-.18

Rule Title: Provider/Recipient Signature Requirements  
New Rule;  Amend; \_\_\_\_\_ Repeal; \_\_\_\_\_ Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? \_\_\_\_\_ no \_\_\_\_\_

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? \_\_\_\_\_ yes \_\_\_\_\_

Is there another, less restrictive method of regulation available that could adequately protect the public? \_\_\_\_\_ no \_\_\_\_\_

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? \_\_\_\_\_ no \_\_\_\_\_

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? \_\_\_\_\_ no \_\_\_\_\_

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? \_\_\_\_\_ yes \_\_\_\_\_

Does the proposed rule have any economic impact? \_\_\_\_\_ no \_\_\_\_\_

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephane K  
Date: 2-1-12

FOR APD USE ONLY

PUBLISHED IN VOLUME \_\_\_\_\_ ISSUE NO. \_\_\_\_\_

EDITED AND APPROVED BY \_\_\_\_\_ DOCUMENT NO. \_\_\_\_\_

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-1-.18 Provider/Recipient Signature Requirements

**INTENDED ACTION:** Amend 560-X-1-.18 (1), (2)

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to define acceptance of provider electronic signatures. This amendment will be effective May 16, 2012.

**TIME, PLACE, MANNER OF PRESENTING VIEWS:** Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624, 334-242-5833. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:** Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than April 4, 2012.

**CONTACT PERSON AT AGENCY:** Stephanie McGee Azar, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.



R. Bob Mullins, Jr., MD  
Commissioner

Rule No. 560-X-1-18. Provider/Recipient Signature on Claim Forms Requirements.

(1) Provider Signatures on claims, enrollment applications, referral or prior authorization forms, and meaningful use attestation.

(a) Medical Claims, both paper and electronic: Individual practitioners may sign a medical claims submission agreement with Medicaid for the submission of paper claims in lieu of signing individual claims forms. By signing the Medicaid provider enrollment agreement, the provider agrees to keep any records necessary to disclose the extent of services the provider furnishes to recipients; to furnish Medicaid, the Secretary of HHS, or the State Medicaid fraud control unit such information and any information regarding payments claimed by the provider for furnishing services, upon request; to certify that the information on the claim is true, accurate, and complete; and that the claim is unpaid; and that the provider understands that payment of the claim will be from federal and state funds, and that any falsification, or concealment of a material fact, may be prosecuted under federal and state laws. If an agreement is not signed For paper claims, the individual practitioner-provider or authorized representative must personally sign the claim form in the appropriate area or place his/her initials next to a typewritten or stamped signature. An individual practitioner's name or initials may be written by another person who has power of attorney from the practitioner to do so.

(b) Institutional Claims: A representative of the institution must sign the UB-82 claim form in the appropriate area or place his/her initials next to a typewritten or stamped signature certifying that the statements on the reverse apply to the bill and are made a part thereof. Nursing facilities and home health agencies filing on a turnaround document must have representative sign the certification block on the statistical page.

(c) Pharmacy Claims: Either the pharmacist's signature, the printed name of the pharmacist or the statement "signature on file" must be placed on the drug claim form as certification that the provider agrees to the statements referenced in (1)(a).

(b) Enrollment applications: All providers must sign an Alabama Medicaid Provider Enrollment Agreement when applying for participation. The signature must be an original signature or an approved electronic signature of the individual provider. The provider's authorized representative may sign the contract for a group practice, hospital, agency, or other institution.

(c) Prior authorization forms: For hardcopy requests, the provider or authorized representative must personally sign the form in the appropriate area or place his/her initials next to a typewritten or stamped signature to certify that the requested service, equipment, or supply is medically indicated and is reasonable and necessary for the treatment of this patient, and that a physician signed order or prescription is on file (if applicable). The requirement of an original signature is waived for most pharmacy hardcopy prior authorization requests. Signature and other procedural requirements for certain drug classes are found under the Pharmacy Services Program section of the agency website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov). For electronic requests, provider certification will be made via standardized electronic signature protocol.

(d) Referral forms: For hard copy referrals, the printed, typed, or stamped name of the primary care physician with an original signature of the physician or

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Comment [m1]: I think the addition of "authorized representative" to this paragraph eliminates the need for this sentence.

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designee is required. Stamped or copied signatures will not be accepted. For electronic referrals, provider certification is made via standardized electronic signature protocol.

(e) Meaningful Use Attestation: An original signature or an electronic signature will be provided by the eligible provider or an authorized representative of the eligible hospital submitting the application for the incentive payment.

(2) Recipient Signature.

(a) While a recipient signature is not required on individual claim forms, all providers must obtain a signature to be kept on file, e.g., release forms or sign-in sheets, as verification that the recipient was present on the date of service for which the provider seeks payment. Exceptions to the recipient signature are listed below.

1. The recipient signature is not required when there is no personal recipient/provider contact as is usually the case for laboratory or radiology.

2. Illiterate recipients may make their mark, for example, "X" witnessed by someone with their dated signature after the phrase "witnessed by."

3. Interested parties may sign claim forms for recipients who are not competent to sign because of age, mental, or physical impairment.

4. Home Health recipient signatures are obtained on the Home Health certification form which acknowledges services are medically necessary and approved for payment.

5. ~~The recipient signature is not required on the provider multiple listings (Turnaround Document) of nursing facility patients, for claim processing by the fiscal agent. Certification by the provider is indicated by their signature on the statistical page attached to the Turnaround Document when submitted to the fiscal agent.~~

~~6. The recipient signature is not required when a home visit is made by a physician. The physician must provide documentation in the medical record that the services were rendered.~~

7. For services rendered in a licensed facility setting, other than the provider's office, the recipient's signature on file in the facility's record is acceptable.

(b) When payment has been made on claims for which the recipient signature is not available and one of the above exceptions is not applicable, the funds paid to the provider covering this claim will be recovered.

Author: Kathy Hall, Deputy Commissioner, Program Administration

Authority: State Plan, Attachment 4.19-A & D; Alabama State Records Commission; 42 C.F.R. Section 433.32.

History: Rule effective October 1, 1982. Amended May 15, 1983, October 7, 1983, and January 1, 1984. ~~Effective date of this amendment and October 12, 1991. Effective date of this amendment May 16, 2012.~~

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