

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 and Recipient Signature Requirements

\_\_\_\_\_ New Rule; X 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

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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.

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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: Stephanie Lindsay

Date: 11/18/2015

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**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

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

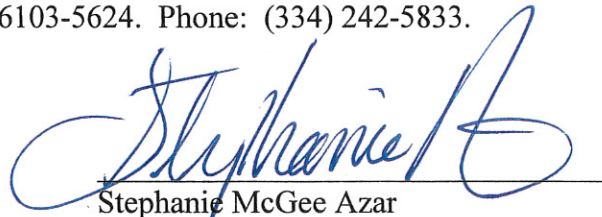
**INTENDED ACTION:** Amend Rule 560-X-1-.18

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to clarify signature requirements for pharmacy, Durable Medical Equipment (DME) and Prosthetic, Orthotic and Pedorthic (POP) items dispensed by providers to Medicaid recipients.

**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. 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 January 4, 2016.

**CONTACT PERSON AT AGENCY:** Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Phone: (334) 242-5833.

A handwritten signature in blue ink, appearing to read "Stephanie A.", is written over a horizontal line.

Stephanie McGee Azar  
Commissioner

## Rule No. 560-X-1-18 Provider and Recipient Signature Requirements

### (1) Definitions

- (a) **Handwritten Signatures:** A handwritten signature is a mark or sign by an individual on a document to signify knowledge, approval, acceptance or obligation. Provider signatures must be legible and clearly identify the provider performing the billed service. Illegible provider signatures must be supported by a valid signature log or attestation statement to determine the identity of the author. A handwritten signature must be an original signature on the original record or document; it must not be a photocopy or otherwise adhered to the original document.
- (b) **Electronic or Digital Signatures:** An electronic signature validates an electronic medical record in the same way a hand written signature validates a written medical record. An electronic signature is an electronic sound, symbol, or process, attached to an electronic record and executed or adopted by a person with the intent to sign the record. The responsibility and authorship related to the signature should be clearly defined in the record. The system should be secure, allowing sole usage or password protection for each user. Digital signatures are an electronic method of a written signature that is generated by special encrypted software that allows for sole usage. Electronic and digital signatures are not the same as 'auto-authentication' or 'auto-signature' systems, some of which do not mandate or permit the provider to review an entry before signing. Therefore, "auto-authentication" or "auto-signature" systems are not allowed. Indications that a document has been 'Signed but not read' are not acceptable. Acceptable electronic or digital signatures include, but not limited to, the following:
- 1) Chart 'Accepted By' with provider's name
  - 2) 'Electronically signed by' with provider's name
  - 3) 'Verified by' with provider's name
  - 4) 'Reviewed by' with provider's name
  - 5) 'Released by' with provider's name
  - 6) 'Signed by' with provider's name
  - 7) 'Signed before import by' with provider's name
  - 8) 'Signed: John Smith, M.D.' with provider's name
  - 9) Digitized signature: Handwritten and scanned into the computer
  - 10) 'This is an electronically verified report by John Smith, M.D.'
  - 11) 'Authenticated by John Smith, M.D'
  - 12) 'Authorized by: John Smith, M.D'
  - 13) 'Digital Signature: John Smith, M.D'
  - 14) 'Confirmed by' with provider's name
  - 15) 'Closed by' with provider's name
  - 16) 'Finalized by' with provider's name
  - 17) 'Electronically approved by' with provider's name
  - 18) 'Signature Derived from Controlled Access Password'
- (c) Stamped signatures are not accepted except in the following limited circumstances:
- 1) Claim forms as described in subsection (2)(a) below;
  - 2) In accordance with the Rehabilitation Act of 1973 in the case of an author with a physical disability that can provide proof to Medicaid of his or her inability to sign

their signature due to their disability. By affixing the rubber stamp, the provider is certifying that they have reviewed the document.

(2) Provider Signatures.

- (a) Claims: 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; that the claim is unpaid; 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. For paper claims, the individual provider or authorized representative must personally sign the claim form in the appropriate area or place his or her initials next to a typewritten or stamped signature.
- (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 to certify that the requested service, equipment, or supply is medically indicated and is reasonable and necessary for the treatment of his or her patient, and that a physician signed order or prescription is on file (if applicable). For electronic requests, provider certification shall be in accordance with the electronic signature policy in subsection (1)(a) of this rule.
- (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 designee is required. Photocopied signatures will not be accepted. For electronic referrals, provider certification shall be in accordance with the electronic signature policy in subsection (1)(a) of this rule.
- (e) Meaningful Use Attestation: An original signature or an electronic signature, in accordance with the policy in subsection (1) of this rule, shall be provided by the eligible provider or an authorized representative of the eligible hospital submitting the application for the incentive payment.
- (f) Orders, progress notes, and examinations: Services that are provided or ordered must be signed and dated by the ordering practitioner. Signatures must be handwritten or electronic in accordance with the policy in subsection (1) of this rule.
- (g) Treatment Plan Reviews: The reviewing psychologist must sign, either handwritten or electronically in accordance with the policy in subsection (1) of this rule, or initial and date the treatment plan being reviewed.

(3) Recipient Signature.

(a) All providers must obtain a signature to be kept on file as verification that the recipient was present on the date of service for which the provider seeks payment (e.g., release forms or sign-in sheets). A recipient signature is not required on individual claim forms. Recipient signatures are required for all pharmacy, Durable Medical Equipment ("DME"), supply, appliance and Prosthetics, Orthotics and Pedorthics ("POP") claims to validate the billed and reimbursed service was rendered to the recipient and for pharmacy claims to ensure the recipient was offered appropriate counseling (if applicable). For pharmacy, DME, supply, appliance and POP items that have been delivered, the provider must ensure that the delivery service obtains the recipient's signature or the signature of the recipient's designee. For purposes of this Rule, designee is defined as: "Any person who can sign and accept the delivery on behalf of the recipient." The relationship of the designee should be noted on the delivery slip (i.e. spouse, power of attorney, etc.). The signature of the designee should be legible. If the signature is not legible, the name of the person should be printed on the delivery slip. Exceptions to the recipient signature are listed below.

- 1) The recipient signature is not required when there is no personal recipient or provider contact (e.g. laboratory or radiology services). This exception does not apply to pharmacy and/or DME claims.
- 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 when a home visit is made by a physician. The physician must provide documentation in the medical record that the services were rendered.
- 6) 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.
- 7) Unless clinically contraindicated, the recipient will sign the treatment plan to document the recipient's participation in developing or revising the plan. If the recipient is under the age of 14 or adjudicated incompetent, the parent or foster parent or legal guardian must sign the treatment plan.
- 8) Treatment plan review, mental health consultation, pre-hospitalization screening, crisis intervention, family support, Assertive Community Treatment (ACT), Program for Assertive Community Treatment (PACT), and any non-face-to-face services that can be provided by telephone do not require recipient signatures when provided by a Rehabilitation Option Provider.

- (b) When payment has been made on claims for which a 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:** Kelli Littlejohn Newman, PharmD, Director, Clinical Services and Support

**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, January 1, 1984 and October 12, 1991. Effective date of this amendment May 16, 2012. **Amended:** Filed September 11, 2013; effective October 16, 2013. **Amended:** Filed November 18, 2015.