



**To:** Medicare DualChoice Primary Care Providers  
**From:** IEHP - Provider Relations  
**Date:** June 29, 2015  
**Subject:** **Signature Requirement Guidelines**

Inland Empire Health Plan (IEHP) would like to remind you of the signature requirement guidelines to follow when documenting in the Member's medical record. Below are Acceptable vs. Unacceptable Signature examples:

**ACCEPTABLE SIGNATURE EXAMPLES**

<b><u>Acceptable Electronic Signature Examples</u></b>	<b><u>Acceptable Written Signatures</u></b>
<ul style="list-style-type: none"> <li>• Chart 'Accepted By' with Provider's name</li> <li>• 'Electronically signed by' with Provider's name</li> <li>• 'Verified by' with Provider's name</li> <li>• 'Reviewed by' with Provider's name</li> <li>• 'Approved by' with Provider's name</li> <li>• 'Released by' with Provider's name</li> <li>• 'Signed by' with Provider's name</li> <li>• 'Signed before import by' with Provider's name</li> <li>• 'Signed: John Smith, M.D.' with Provider's name</li> <li>• Digitized signature: Handwritten and scanned into the computer</li> <li>• 'This is an electronically verified report by John Smith, M.D.'</li> <li>• 'Authenticated by John Smith, M.D'</li> <li>• 'Authorized by: John Smith, M.D'</li> <li>• 'Digital Signature: John Smith, M.D'</li> <li>• 'Confirmed by' with Provider's name</li> <li>• 'Closed by' with Provider's name</li> <li>• 'Finalized by' with Provider's name</li> <li>• 'Electronically approved by' with Provider's name</li> <li>• 'Signature Derived from Controlled Access Password'</li> </ul>	<ul style="list-style-type: none"> <li>• Legible full signature</li> <li>• Legible first initial and last name</li> <li>• Illegible signature over a typed or printed name</li> <li>• Illegible signature where the letterhead, addressograph or other information on the page indicates the identity of the signatory. Example: An illegible signature appears on a prescription. The letterhead of the prescription lists 3 physicians' names: One of the names is circled</li> <li>• Illegible signature NOT over a typed/printed name and NOT on letterhead, but the submitted documentation is accompanied by:             <ol style="list-style-type: none"> <li>1) a signature log, or</li> <li>2) an attestation statement</li> </ol> </li> <li>• Initials over a typed or printed name</li> <li>• Initials NOT over a typed/printed name but accompanied by:             <ol style="list-style-type: none"> <li>1) a signature log, or</li> <li>2) an attestation statement</li> </ol> </li> <li>• Unsigned handwritten note where other entries on the same page in the same handwriting are signed</li> </ul>

**Electronic Signatures vs. Digital signatures:**

- **Electronic signatures** usually contain date and time stamps and include printed statements, e.g., 'electronically signed by,' or 'verified/reviewed by,' followed by the practitioner's full name and preferably a professional designation. Note: The responsibility and authorship related to the signature should be clearly defined in the record. The system/process should be secure, allowing sole usage or password protection for each user.
- **Digital signatures** are an electronic method of a written signature that is typically generated by special encrypted software that allows for sole usage.

**Note:** Be aware that 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. Indications that a document has been 'Signed but not read' are not acceptable.

## UNACCEPTABLE SIGNATURE EXAMPLES:

<u>Unacceptable Signatures*</u>	<u>Unacceptable Signature Examples*</u>
<ul style="list-style-type: none"><li>• Signature 'stamps' alone in medical records are not recognized as valid authentication for Medicare signature purposes and may result in payment denials by Medicare.</li><li>• Reports or any records that are dictated and/or transcribed, but do not include valid signatures 'finalizing and approving' the documents are not acceptable for reimbursement purposes. Corresponding claims for these services will be denied.</li><li>• Illegible signature NOT over a typed/printed name, NOT on letterhead and unaccompanied by:<ul style="list-style-type: none"><li>1) a signature log, or</li><li>2) an attestation statement</li></ul></li><li>• Initials NOT over a typed/printed name unaccompanied by:<ul style="list-style-type: none"><li>1) a signature log, or</li><li>2) an attestation statement</li></ul></li><li>• Unsigned typed note with provider's typed name.</li><li>• Unsigned typed note without provider's typed/printed name.</li><li>• Unsigned handwritten note, the only entry on the page.</li></ul>	<ul style="list-style-type: none"><li>• 'Signing physician' when Provider's name is typed Example: Signing physician: <hr style="width: 20%; margin-left: 0;"/> John Smith, M.D.</li><li>• 'Confirmed by' when a Provider's name is typed Example: Confirmed by: <hr style="width: 20%; margin-left: 0;"/> John Smith, M.D.</li><li>• 'Signed by' followed by Provider's name typed and the signing line above, but done as part as the transcription.</li><li>• 'This document has been electronically signed in the surgery department' with no Provider name.</li><li>• 'Dictated by' when Provider's name is typed Example: Dictated by: <hr style="width: 20%; margin-left: 0;"/> John Smith, M.D.</li><li>• Signature stamp</li><li>• 'Signature On File'</li><li>• 'Filled By'</li><li>• 'Electronically signed by agent of Provider'</li></ul>

\*Your Medicare contractor may contact the person or organization that submitted the claim(s) to request an attestation statement (for missing signatures) or a signature log (for illegible signatures). The attestation statement must be received within 20 calendar days of the call or the date the written request was received by the post office. In order to be considered valid for Medicare Medical Review purposes, your attestation statement must include the following elements:

- Legible, printed full name of the physician/practitioner.
- Sufficient information to identify the beneficiary.
- Date of service.
- Signature and date by the **author** of the medical record entry.

If you have additional questions, feel free to contact your IEHP Provider Relations Team at (909) 890-2054.