



News Flash - Physician Quality Reporting Initiative (PQRI) - The Centers for Medicare & Medicaid Services (CMS) will begin testing eleven new quality measures for possible adoption in the PQRI program in future years. To learn more about how you can help CMS test these measures, visit <http://www.cms.hhs.gov/pqri> on the CMS website and select the "Measures/Codes" link on the left side of the page. And as a reminder, all educational resources about the 2008 PQRI are available on the dedicated PQRI webpage on the CMS website. To access this web page, visit <http://www.cms.hhs.gov/pqri> on the CMS website.

MLN Matters Number: SE0829

Related Change Request (CR) #: 5971

Related CR Release Date: N/A

Effective Date: N/A

Related CR Transmittal #: N/A

Implementation Date: N/A

CR 5971 Clarification - Signature Requirements

Provider Types Affected

Physicians and other providers who bill Medicare Contractors (Carriers, Fiscal Intermediaries, Regional Home Health Intermediaries, Part A/B Medicare Administrative Contractors, including Durable Medical Equipment Medicare Administrative Contractors) for care provided to Medicare beneficiaries.

What You Need to Know

The purpose of this notice is to provide guidance to providers/suppliers and Medicare contractors on the use of stamped signatures. **Note that stamped signatures are not acceptable on any medical record.**

Background

The Centers for Medicare & Medicaid Services (CMS) has taken this step to ensure accurate application of Medicare's program requirements throughout the nation. CMS has identified problems of noncompliance with existing statutes, regulations, rules, and other systematic problems relating to standards of practice for a valid physician's signature on medical orders and related medical documents.

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CR 5971 (Transmittal #248) was issued to prohibit the use of stamped signatures. These requirements are intended to apply all providers/suppliers. *Stamped signatures are not acceptable on any medical record.* Medicare will accept hand written, electronic signatures or facsimiles of original written or electronic signatures.

In addition, the Medicare Conditions of Participation (CoP) are requirements for ensuring health and safety. The CoPs define specific quality standards that providers must meet to participate in the Medicare program. A provider's compliance with the CoPs is ultimately determined by the CMS regional office based on the State survey agency recommendation (per the Medicare Program Integrity Manual, Publication 100-8, chapter 3, section 3.4.2.1, which is available at <http://www.cms.hhs.gov/manuals/downloads/pim83c03.pdf> on the CMS website). Compliance with the CoPs and any related policies does not necessarily ensure that certain requirements for payment are being met.

Additional Information

The official instruction, CR 5971, issued to your carrier, FI, A/B MAC, and DME MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R248PI.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI, A/B MAC, or DME MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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