



## Signature Rule Day 45

It has been 45 days since the Centers for Medicare and Medicaid instituted a new rule for signatures during emergency transports. Where did we start, what did we institute, and where are we going in 2008 regarding emergency transport signatures?

### Where We Were

As you remember from days gone by, all Medicare recipients are required to sign for assignment of benefits to their medical providers. Without a signature, the medical provider is unable to bill Medicare. Simply put, no signature equals no money. To help out the emergency provider CMS instituted alternative signatures and methods of acquiring signatures. If the patient was unable to sign at the time of transport either an alternative designated signer could sign for the patient or we could send a form to the patient's home.

In 2007 MBI streamlined our internal procedures to pinpoint calls by condition that could be signed by the provider, reducing the amount mailing required to be sent to the Medicare Beneficiary for missing signatures. Identifying these conditions allowed us to bill out charges sooner and to collect revenues sooner for our clients.

### The Change

There is much written by CMS and those who interpret CMS rules. To cover the Signature Rule in its entirety is very unnecessary. The key highlight of the rule is where absolutely no one is available or willing to sign on behalf of the patient (including the patient). The last resort is for a crew member providing care to sign his/her name to the signature line and document the condition of the patient at the time of transport.

The new rule in effect placed the burden of proving the transport actually took place squarely on the crew of the ambulance. No longer can the provider simply sign their name and document the condition of the patient at the time of transport. Now the crew must obtain additional documentation that the destination facility received the patient. The crews now must obtain and the ambulance services keep on file for four years one of the following documents:

1. A signature of a facility representative on a patient care report.

2. A copy of a hospital registration sheet (hospital face sheet).
3. A copy of the hospital log with the patient name.
4. A copy of the patient medical record.

#### What to do now

The fastest way to recover Medicare revenue is to provide MBI with a signature on every call. The best way to do this manually is to go to the MBI website at <http://www.mbifireandems.com/fireandems/newsletter.asp> and download the 2008 Signature Form if you have not received a copy of it. If you are still writing paper patient care reports edit this form with your department name and place copies in your clip board. The signature form is created to use as a flow sheet. Start with attempting to get the patient to sign. If the patient is unable to sign then try to get an authorized alternative signer. If both the patient and authorized alternative signer are unavailable to sign then the crew member may sign. Complete all the required fields and you are done with the form. Obtain your secondary documentation from the hospital. One advantage is to