MEMORANDUM

TO: Ambulance Service Chiefs
FROM: Vermont EMS Office
SUBJECT: CMS Signature Requirements Effective 1/1/2008
DATE: December 20, 2007

Signature requirements for filing Medicare claims in instances where the beneficiary is unable to sign will change significantly as of January 1, 2008. Under the provisions of a Final Rule published by the Centers for Medicare and Medicaid Services (CMS) in the November 27, 2007 Federal Register, in those instances where a beneficiary is physically or mentally unable to sign an Assignment of Benefits (AOB) form, ambulance suppliers will be required either to obtain the signature of an acceptable surrogate, or, with respect to emergency ambulance services, meet stringent new documentation requirements before submitting the claim to Medicare. ***These rules will substantially affect 9-1-1 emergency ambulance providers in particular.*** These new requirements include ***three*** forms of documentation:

(A) A signed, contemporaneous statement from an employee of the ambulance service, present during the transport, documenting that the patient was physically or mentally incapable of signing and that no other authorized signers were available or willing to sign; ***and***
(B) Documentation with the date and time the patient was transported, and the name and location of the receiving facility; ***and either of the following:***
(C) (1) A signed, contemporaneous statement from a representative of the receiving facility, which documents the name of the patient and the date and time the patient was received by that facility; ***or***
(2) A "secondary form of verification," obtained at a later date, but prior to submitting the claim to Medicare, which may include:
(i) A hospital representative signature on the ambulance trip report;
(ii) The hospital registration/admissions sheet;
(iii) The patient medical record; or
(iv) "Other internal hospital records."

These rules become effective on January 1, 2008. The Final Rule makes it clear that this alternative applies only to *emergency* ambulance services; in other words, CMS is implying that ambulance services can no longer rely on the "patient unable to sign" rule for non-emergency claims; a signature of the beneficiary or some authorized signer must be obtained prior to submitting the claim to Medicare for non-emergency ambulance claims. In short, this new Final Rule is going to substantially change the way ambulance services do business at the time ambulance services are rendered. If no signature is obtained at the time of service, ambulance services should expect delays in their claim filing.

If you would like further details about this new requirement please visit the CMS web page at http://www.cms.hhs.gov . Excerpts from the November 27, 2007 Federal Register can be viewed by visiting the Vermont EMS Office web page at http://healthvermont.gov/hc/ems/ems_index.aspx .

The implications of this change are significant and came about with short notice so VTEMS wanted to assure that all ambulance services that bill Medicare were aware of it.