

PROVIDER Bulletin



September 21, 2017

This Provider Bulletin applies to the lines of business and provider types checked below:

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| <input checked="" type="checkbox"/> PHP (Medicare) | <input checked="" type="checkbox"/> Primary Care Physicians | <input checked="" type="checkbox"/> Specialists |
| <input type="checkbox"/> PHC (Medicaid) | <input type="checkbox"/> Ancillary | <input type="checkbox"/> Hospitals |

Chart Maintenance & Provider Signature

As a Medicare Advantage health plan, PHP is required to comply with applicable federal and state statutes, regulations surrounding the submission of Hierarchical Condition Categories Codes (HCC). In turn, participating providers contracting with PHP to furnish services to Plan Members must also comply with applicable federal and state statutes, regulations as well as PHP's policies and procedures regarding chart maintenance and provider signature.

In order to submit HCC codes for risk adjustment purposes, provider's office is required to do the following:

- ❖ Identify patient's name, date of service and one additional patient identifier on each page such as date of birth, insurance ID, etc.
- ❖ All dates of service must be signed with provider's credentials and dated by the provider or an appropriate extender
- ❖ Credential can be next to the provider's signature or pre-printed with the provider's name on the provider's practice stationery
- ❖ Stamps of the provider's signature are not acceptable per CMS

Acceptable provider signature:

- A) Hand-written signature including credentials and dated (e.g. John P. Doe, MD, 06/27/2016)
- B) Electronic signature, including credentials with date. It must be password protected and used exclusively by the individual provider. Example of electronic signature, but not limited to, "Approved by", "Signed by," Electronically signed by," "Authenticated by"

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at 954.522.3132 or email to remon.walker@phcplans.org