



# GREENBUSH

THE EDUCATION SERVICE CENTER

## Electronic Signature for Kansas school based Medicaid Services

District Name \_\_\_\_\_

I, \_\_\_\_\_, have completed the training for Medicaid Documentation.

I understand the steps to complete the service encounter documentation and have been advised of the requirements for Electronic signatures per the Kansas Medicaid General Benefits Manual.

I understand the use of an electronic signature is deemed to constitute a signature and has the same effect as a written signature on a document.

\_\_\_\_\_  
Therapists Signature and Credentials Date

\_\_\_\_\_  
Therapist Name (print)

\_\_\_\_\_  
Email Address

## **Electronic Documentation Signature**

Electronic signatures that meet the following criteria are acceptable for Medicaid documentation:

Identify the individual signing the document by name and title

Include the date and time the signature is affixed

Assure the documentation cannot be altered after the signature has been affixed by limiting access to the code or key sequence

Provide for nonrepudiation, that is, strong and substantial evidence that will make it difficult for the signer to claim the electronic representation is not valid

The use of an electronic signature is deemed to constitute a signature and has the same effect as a written signature on a document.

The provider must have written policies and procedures in effect regarding the use of electronic signatures. In addition to complying with security policies and procedures, the provider who uses computer keys of electronic signatures must sign a statement assuring exclusive access and use of the key or computer password. The policies and procedures and statement of exclusive use must be maintained at the provider's location and available upon request by the State of fiscal intermediary.

Additionally, the use of electronic signatures must be consistent with the applicable accrediting and licensing authorities and the provider's own internal policies.

Failure to properly authenticate medical records (sign and date the entry) and maintain written policies and procedures regarding electronic documentation and security compliance may result in the recoupment of Medicaid payments or other actions deemed appropriate by the State.

*Refer to the Kansas Medical Assistance Program General Benefits Fee-For-Service Provider Manual.*