

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201813 APRIL 10, 2018

IHCP to accept electronic signatures on PA requests through the Portal

Effective April 26, 2018, the Indiana Health Coverage Programs (IHCP) will amend its policy and begin accepting electronic signatures on prior authorization (PA) requests through the Provider Healthcare Portal (Portal). PA requests submitted via the Portal on or after April 26, 2018, can be authorized by providers with the electronic signature and will no longer require the physical submission of a request form with a wet signature. The Portal will be updated to include an electronic signature feature in the Signature panel at the bottom of the Portal *Authorization Request* page, as illustrated in Figure 1.

Figure 1 – Electronic signature feature available through the Portal

Signature
<p>Providers using electronic systems need to recognize the potential for misuse or abuse with alternate signature methods. Providers are responsible for the authenticity of the documentation and signatures. Physicians are encouraged to check with their attorneys and malpractice insurers regarding electronic signatures. Any provider using an electronic signature must follow the requirements of Indiana Code (IC) 26-2-8-116.</p>
<p>IC 26-2-8-116 Electronic signature involving individual health information Sec. 116.</p> <p>(a) As used in this section, "authorization" means a consent, an approval, or an authorization between an individual and a person.</p> <p>(b) As used in this section, "electronic identification" means the electronic identification system for form, location, and endorsement that is specified in subsection (d).</p> <p>(c) Electronic signature authentication and identification may be used for an individual who participates in agreements, authorizations, contracts, records, or transactions that involve individually identifiable health information, including medical records and record keeping, transfer of medical records, medical billing, health care proxies, health care directives, consent to medical treatment, medical research, and organ and tissue donation or procurement.</p> <p>(d) The electronic authentication and identification under subsection (c) may be accomplished by an interactive system of security procedures that include any of the following:</p> <ol style="list-style-type: none">(1) A tamper proof electric appliance that receives input of unique identification numbers, unique biometric identifiers, or location devices.(2) A computerized authentication process for biometric identifiers that is linked to the appropriate identification numbers upon receipt of the identifiers.(3) Transmission of verification of the identifiers to a securely maintained electronic repository. <p>No provision in this section may be construed to supersede or preempt applicable federal and state law, including the Indiana Uniform Electronic Transactions Act (IC 26-2-8), the Health Insurance Portability and Accountability Act of 1996 and associated regulations, and 21 CFR Part 11. As added by P.L.77-2005, SEC.1.</p>
<p>405 IAC 5-3-10 Providers who may submit prior authorization requests Authority: IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3 Affected: IC 12-15-30-1 Sec. 10. Except as otherwise provided in this title, prior authorization requests may be submitted by any of the following:</p> <ol style="list-style-type: none">(1) Doctor of medicine.(2) Doctor of osteopathy.(3) Dentist.(4) Optometrist.(5) Podiatrist.(6) Chiropractor.(7) Psychologist endorsed as a health service provider in psychology (HSPP).(8) Home health agency.(9) Hospitals.(10) For drugs subject to prior authorization, any provider with prescriptive authority under Indiana law. <p>Requests from other provider types will not be accepted except for transportation services. (Office of the Secretary of Family and Social Services; 405 IAC 5-3-10; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3305; readopted filed Jun 27, 2001, 9:40 a.m.: 24 IR 3822; filed Jan 7, 2002, 10:11 a.m.: 25 IR 1613; readopted filed Sep 19, 2007, 12:16 p.m.: 20071010-IR-405070311RFA; readopted filed Oct 28, 2013, 3:18 p.m.: 20131127-IR-405130241RFA; errata filed Nov 1, 2016, 9:36 a.m.: 20161109-IR-405160493ACA)</p> <p>If a provider type other than those listed previously submits a PA request electronically via the Portal, the requester must submit additional documentation indicating that the service or supply is physician-ordered. The additional documentation may be uploaded as an attachment to the Portal request, or else must be sent by fax or mail. Unless the attachment is submitted via the Portal at the time the request is made, the original request is suspended for documentation of the physician's order. Failure to submit additional documentation within 30 calendar days of the request results in denial of the request.</p> <p>The Prior Authorization Request Form terms must be accepted by entering your e-signature below in order to submit the request for approval.</p> <p>I hereby confirm my understanding that I am the owner or authorized representative of this business entity, that my electronic signature is equivalent to my written signature, and that my electronic signature below confirms my acceptance of all stipulations, conditions, terms and attestations herein. All information and supporting documentation submitted with this form is true, complete and correct.</p> <p>*Your Signature <input type="text"/></p> <p>(Entering your name in the box will constitute your electronic signature.)</p>

Providers using electronic systems need to recognize the potential for misuse or abuse associated with alternative signature methods. Providers are responsible for the authenticity of their documentation and signatures. Physicians are encouraged to check with their attorneys and malpractice insurers regarding electronic signatures. Any provider using an electronic signature must adhere to the requirements of *Indiana Code* [IC 26-2-8-116](#).

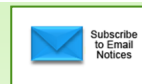
Indiana Administrative Code [405 IAC 5-3-10](#), identifies the types of providers that may submit PA requests. If a provider type other than those authorized submits a PA request through the Portal, applying their electronic signature, the requester must submit additional documentation indicating that the service or supply was ordered by an authorized provider type. The additional documentation may be uploaded as an attachment to the PA request on the Portal, or may be sent by fax or mail. If the information is not submitted directly with the request via the Portal, the original request will suspend pending receipt of the authorized provider documentation. Failure to submit the required additional documentation within 30 calendar days of the request will result in denial of the request.

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