AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

June 23, 2011

Donald Berwick, MD
Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
P.O. Box 8013
Baltimore, MD 21244–8013

Re: Reduction of Burdensome Signature Compliance Requirements

Dear Dr. Berwick:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 100,300 family physicians and medical students nationwide, I encourage the Centers for Medicare & Medicaid Services (CMS) to re-evaluate Medicare signature requirements placed on physicians. We would propose the corresponding burden placed on physicians be reduced even while recognizing the importance of providing physician accountability, preventing fraud and maintaining quality of care. This request stems from a recent resolution adopted by the AAFP Congress of Delegates.

The AAFP appreciates that the physician's signature serves as authentication of services rendered or ordered. Accordingly, the AAFP reminds all family physicians and their practice support staff to verify that all medical records are signed, legible, and supportive of the service that was rendered to the patient. We provide detailed guidance on the acceptable methods for authenticating medical records, including specifics on handwritten signatures and acceptable signature formats, valid electronic signatures, attestation statements on unsigned documentation, and signature logs. The AAFP also helps members understand how to properly respond to a CMS contractor's requests for records.

That said, our members believe that the Medicare signature requirements placed on physicians are overwhelming compliance burdens and unnecessarily time-consuming, and consequently, we would ask CMS to re-evaluate those requirements. Physicians rely to a certain extent on staff who handles incoming mail and often large volumes of record requests to assist them in complying with Medicare and other payers' additional documentation requests (ADRs). Physicians and their staff would benefit from more complete instructions with each request initiated by a CMS contractor.

Specifically, the AAFP is concerned with the following instructions given to Medicare contractors in Change Request 6698:

- CMS **requires** Comprehensive Error Rate Testing contractors to use language in their ADR letters reminding providers that the provider may need to contact another entity to obtain the signed version of a document, but CMS only **encourages** other contractors to do the same. (Emphasis added.) The AAFP believes this should be required for all contractors including the Recovery Audit Contractors.

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- In addition, all reviewers have the discretion to add language to their ADRs stating that the physician is encouraged to review their documentation prior to submission, to ensure that all services and orders are signed appropriately. In cases where a reviewer notices a note with a missing or illegible signature, the ADR may inform the provider that they may submit a signature log or signature attestation as part of the ADR response. The AAFP believes this language should be required, rather than discretionary, so that physicians and their staff are fully informed of the opportunities to authenticate their documentation.

Additionally, Chapter 3, Section 3.4.1.1 of the *Medicare Program Integrity Manual* provides sample language that reviewers may choose to use in certain ADRs. This language instructs that contractors may choose to include language instructing physicians on the use of an attestation statement when a signature may not be legible. As noted previously, the AAFP believes that all ADRs should include full instructions to physicians regarding the options for authentication, including instances when a signature is missing. This information is especially important as Chapter 3 also instructs, "Providers should not add late signatures to the medical record, (beyond the short delay that occurs during the transcription process) but instead may make use of the signature authentication process."

The AAFP urges CMS to consider these comments and develop a comprehensive, yet understandable, physician signature policy that family physicians will find acceptable and that would be provided in all requests for additional documentation.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,

Lori Heim

Lori J. Heim, MD, FAAFP
Board Chair