

Important Memo

To: AccuMed Clients and Associates
From: Jan Tjernlund
CC:
Date: 12/18/2007
Re: New Final Rule for Ambulance Suppliers **NEW SIGNATURE REQUIREMENTS**

To date, we have no further news from AAA or CMS on the changes to the Final Rule published on November 27, 2007 in the Federal Register. In the CMS Audio Ambulance Forum held on Wednesday, December 12th 2007, CMS stated they would not comment on the Final Rule and directed questions to david.walczak@cms.hhs.gov I have e-mailed Mr. Walczak. AccuMed encourages you to contact Mr. Walczak as well with your questions and concerns. The CMS Carriers have not issued any notices on this New Final Rule. With no clear directive coming from CMS, I have attached sample Signature and Revised PCS Forms that meet the new requirement. These are in Microsoft Word and were created by Page, Wolfberg and Wirth, Nationally known EMS Attorneys. They have graciously made these available to our clients. They may be edited with the name of your organization and formatted in a style that best works for your department. Effective January 1, 2008, these documents and/or signature language should replace what your department is currently using.

The new signature requirements will go into effect January 1, 2008, unless CMS changes their position.

The Federal Register also published the revised Ambulance Inflation factor, which will be 2.7% for 2008.

Per CFR, November 27, 2007 revision to (424.36), the following persons are able to sign on behalf of the patient.

A legal guardian may sign

A person who receives Social Security or other benefits

Person who arranges for treatment or exercises other responsibility for affairs

Representative of agency and or institution that did not furnish the services

Final Rule Federal Register 11/27/07 (424.36) If the patient is physically or mentally not able to sign at the time of transport and none of the representatives listed in the requirements referenced above, suppliers will now need to provide:

Either of the following:

A signed contemporaneous statement from the representative of the receiving hospital documenting the name of patient with date and time received, or

Secondary Verification

Can be obtained after the trip

Examples:

- Patient medical records
- Hospital admission sheet
- Hospital log
- Other facility records

YOU MAINTAIN RECORDS FOR FOUR YEARS

ALL SECONDARY VERIFICATION MUST BE SIGNED BY THE FACILITY

IMPORTANT COMPONENT-THE ABOVE NEW RULE ONLY APPLIES TO EMERGENCIES. NON-EMERGENCIES BY CMS INTERPRETATION, REQUIRE SIGNATURE OF PATIENT OR REPRESENTATIVE OR BILL THE PATIENT.

Impress on your crewmembers that they should make every attempt to get the patient to sign. If the patient just makes a mark; that is a legal signature and the crewmember signs as a witness. This is the easiest route to compliance and getting hospital to sign a statement is not necessary. Patient signatures are the absolutely the best practice to assure compliance. Ambulance Personnel are no longer able to sign on behalf of the patient.

Contact CMS:

Although the Federal Register seems to exclude the signature issue from the comment period and only seeks comments on the Fee Schedule portion of the Federal Register; we see no harm in submitting comments regarding the issue regardless. Here is the information on how to submit comments and the deadline.

Comment Date: Comments will be considered if we receive them at one of the addresses provided below, no later than 5 p.m. e.s.t. on December 31, 2007.
ADDRESSES: In commenting, please refer to file code CMS-1385-FC. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.
You may submit comments in one of three ways (no duplicates, please):
1. *Electronically.* You may submit electronic comments on specific issues in this regulation to <http://www.cms.hhs.gov/eRulemaking>. Click on the link "Submit electronic

comments on CMS regulations with an open comment period." (Attachments should be in Microsoft Word, WordPerfect, or Excel; however, we prefer Microsoft Word.)
2. *By mail.* You may mail written comments (one original and two copies) to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1385-FC, P.O. Box 8020, Baltimore, MD 21244-8020. Please allow sufficient time for mailed comments to be received before the close of the comment period.
3. *By express or overnight mail.* You

may send written comments (one original and two copies) to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1385-FC, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

In closing, please be assured that we at AccuMed are paying very close attention to this signature issue and are seeking legal advice on wording for the contemporaneous statement if the rules stands as written. There are some unanswered questions in the Final Rule about a number of issues including if a representative is not available at the time of service or at all. We also want better clarification on representatives, what other documents can be used from the hospital. We want to advise you in a way that will be clearly compliant and need additional information before we proceed further. However, we cannot emphasize enough that the absolutely best practice is to educate and train your crews that getting the patient's signature is extremely important. We recommend that you also make it very clear to the crewmembers that they should never sign a patient's name. As part of your Quality Assurance Program, we suggest that the signature requirements are included and have a policy and procedure in place to assure signature compliance. If anything changes, you will hear from us promptly with additional information on this matter. We thank you for your confidence and trust and are grateful for the opportunity to serve you and your patients.

Please call Jan Tjernlund 800.926.6985 ext. 207 with questions.