

Electronic Signature Certification Questionnaire

INSTRUCTIONS:

Under the guidance of AHCCCS, PCG may be able to certify a computer system or version as acceptable for electronic signature for the Direct Service Claiming (DSC) Program.

According to the AHCCCS Medical Policy Manual, if medical records are kept in an electronic file, the software must establish a method of indicating the initiator of the information, and a method to ensure that information is not altered inadvertently.

By completing the Questionnaire, an organization that has developed an electronic IEP program, or billing program that captures data electronically, may submit the completed Questionnaire to PCG for review.

1. The name of the software, the version number, and release date must be completed on the lines provided.
2. The system type must describe the type of system for which the requester is seeking certification, e.g., IEP, Billing, both, etc.
3. All nine (9) questions must be answered.
4. An employee of the company with appropriate knowledge of the system and authority must print their name, sign the form, and note the name of the company, their position with the company, and the date in the spaces provided.
5. The completed questionnaire may be faxed to PCG at (602) 324-5091 or scanned and e-mailed to AZDirect@pcgus.com, or mailed to:
PCG Electronic Signature Certification
101 North 1st Ave., Suite 1800
Phoenix, AZ 85003
6. Include contact information in the fax, e-mail, or cover memo, so that PCG may respond in writing to the request for approval.

Once approval is obtained, that particular version of the software is accepted for electronic signature. If the software is updated or changed, the new version must again be submitted for review and approval.

Electronic signature approval means school districts using the approved software are not required to print their medical records and have their providers sign and date them. This is beneficial at the time of an audit. If, however, it is found on audit that the system does not provide the safeguards certified, the LEA will be responsible for fully signed and dated documentation.

NOTE: If the report, note or log is not visibly dated in the system, or the provider rendered the service on a different date from when the data is entered, the date must appear within the written report/note/log, e.g., "11/10/09-worked on ROM on shoulder/elbow 30 min.", rather than "Worked on ROM on should/elbow 30 min."



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Software Name: _____ Major Version #: _____
System Type: _____ Release Date: _____

1. Does the system require a unique login/password for each user?
Yes No
2. Is each provider's access specific to the student assigned to them when entering and making changes to the data?
Yes No
If no, please explain.

3. How are changes approved to a document?
Explain the approval process for changes being made to a document.

4. Does the system track all changes by user and date?
Yes No
5. Can the system print an audit trail for each item changed including user, date and the change(s) made?
Yes No
6. Does the system prevent changes to the data after the item has been billed?
Yes No
7. Does the system track deleted entries?
Yes No
8. Does the system prevent direct untracked changes to the database?
Yes No
If no, who has the ability to change the database? Explain.

9. The electronic signature applies to the following (check all that apply)-
 - IEP
 - Initial Evaluation
 - MET
 - Clinical Notes
 - Progress Reports
 - Provider Service Logs



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10. Please provide any additional information that will assist PCG during the consideration process.

I, _____, certify that the above information is correct. If the information is found to be false, then all documentation will be considered invalid unless signed and dated by the original provider. This certification is valid only for the system version listed above. New versions must be recertified.

Signature Position

Company/LEA Date

PCG use only

This software is

_____ Not approved – see attached letter.

_____ Approved from _____ to _____

Signature

Date