

**Children's Special Health Care Services
Integrated Operational Systems
Policy & Procedure Manual**

**New Provider Policy-
Policy #E-4**



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Date

Title: Electronic Provider Records & Signatures

Effective Date: October 1, 2011

Purpose: To specify the CSHCS program policy for accepting completed and signed provider documents and forms submitted to the CSHCS program by providers electronically or digitally, either faxed or scanned and sent via email.

Rule References: N/A

Other References: Uniform Electronic Transactions Act (IC § 26-2-8) (UETA)

Policy:

The CSHCS program may accept faxed and/or scanned and emailed provider documents and forms in lieu of the original signed forms if the following language is on each provider form:

“This Agreement may be executed simultaneously or in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument. The parties agree that this Agreement may be transmitted between them electronically or digitally. The parties intend that electronically or digitally transmitted signature constitute original signatures and are binding on the parties. The original document shall be promptly delivered, if requested”.

By faxing or scanning and emailing copies of the CSHCS forms, the forms and the provider's signature on those forms become electronic and have the same legal effect and enforceability as the originals.

The following provider forms apply to this policy:

- Provider Agreement – State Form 51396 – State Publication 286
- Provider Agreement Schedule A – State Publication 286
- Provider Agreement Billing Provider Enrollment Application Schedule B – State Publication 286
- Trading Partner Agreement Electronic Data Interchange (EDI) – State Form 51402 – State Publication 286
- Electronic Data Interchange (EDI) Trading Partner Profile – Provider – State Form 51401 – State Publication 286
- Electronic Data Interchange (EDI) Trading Partner Profile – Clearinghouse – State Form 51441 – State Publication 286
- CSHCS Web Portal Enrollment & Change Request – State Form 54354