



MEMORANDUM

TO: **All Providers**
FROM: **EDS and DHHS**
DATE: **October 2004**
SUBJECT: **Paper Claim Signature Requirement**

The purpose of this notice is to inform NH Medicaid and Healthy Kids-Gold (NH Title XIX) providers and/or their billing agents that in order to comply with 42 CFR Part 455.18, DHHS is requiring that all paper claims submitted for payment under NH Title XIX must either be signed by the provider or bear a stamp of the provider's signature.

Federal Regulation 42 CFR Part 455.18, requires that the following statements be printed on provider claim forms above the provider's signature or, if printed on the reverse side of the form, with a reference to those statements that appears immediately preceding the provider's signature:

- "This is to certify that the foregoing information is true, accurate, and complete."
- "I understand that payment of this claim will be from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws." (This statement is noted on the reverse of the paper claim).

Therefore, in order to comply with the above-noted Federal Regulation, EDS and NH Title XIX are providing notice that **paper claims** for covered NH Title XIX care or services received **on or after December 1, 2004** which do **not** contain a signature will be **denied**. Signature locations are as follows:

- CMS 1500: Box 31
- UB 92: Form Locator 85

If you have any questions regarding this notice, please contact the Communications Unit at: 1-800-423-8303 (NH & VT only) or (603) 224-1747.