

## Encounter Form Requirements Reminder and FAQ

CBH providers, both in and out of network, are reminded that encounter forms are required for all direct services with members, including telehealth services. This requirement is outlined in [MA Bulletin 99-89-05: Signature Requirements and Encounter Forms](#) and [MA Bulletin 99-03-21: Health Insurance Portability and Accountability Act \(HIPAA\) Transaction and Code Sets Updates](#).

Providers must have the ability to capture member signatures or, in the case of telehealth, comply with [OMHSAS telehealth bulletins and guidance](#).

Encounter forms are an important component of preventing fraud, waste, and abuse in our system. Verifying that services are rendered as billed is vital to the integrity of the Medicaid program. As part of a Compliance Plan, providers should develop policies and procedures around encounter forms. CBH Program Integrity may request copies of encounter forms, supporting documentation and policies and procedures as part of our audit document requests. Failure to provide them, or failure to have encounter forms that meet the Medical Assistance requirements, can lead to overpayment recovery. Providers are reminded that encounter forms are legal documents, and providers must be prepared to testify in court cases regarding their service delivery verification policies and procedures when necessary. Providers must also be able to provide an auditable trail for electronic signatures.

According to MA Bulletin 99-89-05, providers are required to obtain signed encounter forms to certify that the recipient received a service. Encounter forms may be developed by the provider and must contain the following information, as noted in the [Office of Medical Assistance Programs \(OMAP\) MA 91 Encounter Form template](#).

### Requirements

- ➔ A certification statement
  - » “My signature certifies that I received a service or item on the date listed below. I understand that payment for this service or item will be from federal and state funds, and that any false claims, statements, or documents, or concealment of material may be prosecuted under applicable federal and state laws.”
- ➔ Provider name and MA ID number (PROMISe Number)
- ➔ Recipient name and ID number (CIS Number)
- ➔ Recipient’s signature, or the signature of the recipient’s agent

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- » The recipient's agent must be an individual who can certify on behalf of the recipient that this service or item was received. The person signing the encounter form must also make clear their relationship to the member and/or list their title.
- ➔ Date of service
- ➔ CBH exceeds the MA Bulletin by requiring providers to include start and end times for services on encounter forms.
- ➔ For telehealth services, providers must follow guidance from OMHSAS, including the [OMHSAS Interim Telehealth Guidance Memo effective March 30, 2023](#).

### Encounter Form Frequently Asked Questions

**1. What does “auditable trail” mean?**

An auditable trail is a chronological record of actions within an EHR, including who accessed a record, when, and what actions were taken.

**2. Will a signed Consent for Treatment suffice as an encounter form?**

No. A consent for treatment indicates that the member understands and agrees to care. An encounter form confirms that services were provided for accurate billing.

**3. Can a child under age 14 sign their own encounter forms?**

No. The rules regarding age of consent for treatment also apply for encounter forms. See [OMHSAS-23-01: Act 65 of 2020: Consent to Mental Health Treatment for Minors](#).

**4. Who can sign the encounter form in the school setting?**

According to MA Bulletin 99-89-05, encounter forms for each child must include “Recipient's signature or the signature of the recipient's agent.” Providers must ensure that they meet this requirement. Providers must work with the schools in which they provide services to ensure that encounter forms are completed accurately. The individual signing the form must be able to confirm that the services were provided as indicated on the Encounter Forms. School staff signing encounter forms should also note their title on the form. Parents should not be asked to sign encounter forms for school-based services for which they were not present.

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**5. Can a staff member of the same agency sign for a member?**

No, per MA Bulletin 99-89-05, “Providers or employees of a provider do not qualify as the recipient’s agent”.

**6. Can writing “Verbal consent given” suffice to meet the encounter form requirements?**

No, unless the conditions for signature exceptions in MA Bulletin 99-89-05 are met.

**7. Do sign-in sheets for groups count as encounter forms?**

No, as they don’t have the encounter form statement required by Medical Assistance and are required to be maintained for each member.

**8. Can an encounter form be signed before the end of a session?**

No, as the purpose of the encounter form is to substantiate the service and duration being billed.

**9. Does having a member “sign” a Microsoft Word document count for an encounter form?**

Typing the name into a Word document will not suffice, unless the member is using a program such as [DocuSign](#) that captures multiple data fields like IP addresses to ensure that the person typing their name is the person who is supposed to be signing the document. Electronic signatures must have an auditable trail.

**10. Can encounter forms be electronic?**

See [OMHSAS-22-02: Revised Guidelines for the Delivery of Behavioral Health Services Through Telehealth](#), which states, “Signatures for consent to treatment, service verification, and acknowledgement of receipt of treatment or service plan(s) that are required by DHS regulations may be physical or electronic signatures, unless prohibited by other laws. Consistent with [Act 69 of the 1999 Electronic Transactions Act](#), an electronic signature is “an electronic sound, symbol or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record. Providers using electronic signatures must have systems in place to ensure that there is an audit trail that validates the signer’s identity.”

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**11. Can an encounter form be incorporated into an electronic health record (EHR) platform service note?**

You can combine the encounter form with the progress note in the EHR. However, it must include the attestation and information outlined in MA Bulletin 99-89-05 and must follow MA Bulletin 99-03-21 in that “the Encounter Form containing the recipient’s signatures must be retained on file... independently from other medical records and must be available for reviewing and copying by state and federal officials or their duly authorized agents.”

**12. Are encounter forms required for audio-only (phone) contacts, and, if so, how are they completed?**

Yes. See [telehealth guidance](#) in the referenced OMHSAS documents.

**13. Some services may occur in the absence of a member, for example a BCBA scoring tools billing CPT code 97151. Are encounter forms required in these cases?**

For the billable portions of non-direct service for CPT code 97151, for which no other individual is present (e.g., scoring of tools), the clinician does not have to complete an encounter form. Members or parents should not be asked to sign encounter forms for services for which they cannot confirm having been provided.

**14. What if a member refuses to sign an encounter form?**

Providers must document when and why members refuse to sign encounter forms, and efforts must be made in future sessions to obtain signatures.

**15. What levels of care do not require encounter forms?**

See MA Bulletin 99-89-05 for services not requiring encounter forms. See also the [OMHSAS April 15, 2024 Policy Clarification Regarding Encounter Form Signature Exception for Crisis Intervention Services](#).

**16. What if the member is receiving multiple services on the same date? Must separate encounter forms be maintained for each?**

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The provider can determine how encounter forms are maintained, as long as all services rendered are reflected on encounter form(s), and contain all required elements from MA Bulletin 99-89-05 and the CBH-required start and end times.

### 17. How long do we have to maintain encounter forms?

Per the [CBH Provider Manual](#), Section 5.18.2.2. Retention/Destruction: “Full records should be retained for **seven years** after the last date of service delivery for adults and **until one year after a minor reaches the age of majority** even if this requires the records to be maintained longer than seven years ([49 Pa. Code § 16.95](#)). Records should be retained **beyond seven years if an audit involving those records is pending**, until the audit findings are resolved and completed.”