



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

November 2010

School Based Services Providers:

The purpose of this letter is to inform School Based Services providers that electronic signatures will be required for certification of administrative outreach program financials. The effective date will be concurrent with the implementation date of the School Based Services Administrative Outreach Program online financial collection process. An electronic signature means an electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record.

Those entities that currently sign the cost certification form for the School Based Services Administrative Outreach program are now required to complete and submit the DCH-3890 form to allow electronic certification of financials. This form can be found on the www.michigan.gov/medicaidproviders >> Policy and Forms >> Forms >> Electronic Signature Verification Statement (DCH-3890) "Word" document.

The electronic signature process may be implemented at a later date for the direct medical component of the School Based Services program.

The DCH-3890 will be kept on file by the Michigan Department of Community Health (MDCH) and will remain in effect until the MDCH is notified of a change in the signatory entity. A copy of the DCH-3890 should be kept by the school business office and be made available up on audit. The original DCH-3890 must be mailed via United States postal service to:

Michigan Department of Community Health
Bureau of Financial Management and Administrative Services
Hospital and Health Plan Reimbursement Division
Special Programs Section
P.O. Box 30479
Lansing, Michigan 48909

Please share this information with your local district staff and any other staff you deem appropriate. If you have questions or concerns please contact Linda Sowle, School Based Services Policy Specialist at 517-241-8398 or by email at sowlel@michigan.gov.

Sincerely,

Stephen Fitton, Director
Medical Services Administration

Attachment: DCH-3890

Michigan Department of Community Health

Completion Instructions for DCH-3890 Electronic Signature Verification Statement

The DCH-3890 form must be submitted by the Medicaid provider as verification of electronic signature security.

By signing this form, providers attest that measures are in place to protect the security of this electronic signature.

This signature verification form will be in effect until such date that the signatory party changes.

Field Name	Instructions
Provider Name	The name of the Medicaid enrolled provider (for the School Based Services Program this is one of the 57 Intermediate School Districts, Michigan School for the Deaf and Blind, or Detroit Public Schools).
Program/Application	The name of the program or application (i.e., FQHC, PCG financial certification, School Based Services MAER).
NPI (National Provider Identifier)	The unique identification number for covered health care providers mandated by the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard.
User ID	User identification for the State Single Sign-on portal or software user identification.
Local School District Name	Only applicable to the School Based Services Program. The name of the Michigan local school district.
Individual Printed Name	The printed name of the individual that will be submitting the electronic signature verifying the validity of cost submitted to the State of Michigan.
Individual Signature	The signature of the individual that will be submitting the electronic signature verifying the validity of cost submitted to the State of Michigan.
Date	Date of form completion and signature.

Form Submission

The completed original DCH-3890 must be mailed:

Michigan Department of Community Health
Bureau of Financial Management and Administrative Services
Hospital and Health Plan Reimbursement Division
Special Programs Section
P.O. Box 30479
Lansing, Michigan 48909

Questions should be directed to MDCH Medical Services Administration, Special Programs Section, via telephone at **1-517-335-5330**.

Authority: Public Act 305 § 450.832 and 42 CFR § 433.51
Completion: Mandatory for payment.

Michigan Department of Community Health is an equal opportunity employer, services and programs provider.



Electronic Signature Verification Statement

Pursuant to 42 CFR § 433.51, this Electronic Signature Verification Statement is intended to document a physical copy of my signature as part of the documentation required for the submission of visits and financial data.

I understand that this electronic signature is created with a unique combination of my computer login name and secure password. This unique combination is to ensure that all documentation completed under this combination is done by me.

By signing this Statement, I confirm that I will keep my password secure and that I will not inappropriately disclose this information to others. I also confirm that all documentation entered under my login name and password is true and correct. This form will remain in effect until the individual named on the form changes.

Provider Name	Program/Application	NPI
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User ID	Local School District Name
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Individual Printed Name

Individual Signature	Date
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