



**Medicaid Eligibility Procedure Letter (MEPL) No. 187**

**Effective Date:** **March 7, 2025**

**OAC Rule:** **5160:1-2-01**

**To:** **Directors, County Departments of Job and Family Services  
Other Interested Parties**

**From:** **Maureen M. Corcoran, Director**

**Subject:** **Acceptable Signatures on Medicaid Applications and Forms**

The Ohio Department of Medicaid (ODM) has received numerous questions regarding how to identify acceptable signatures on Medicaid applications and forms. Questions regarding the validity of signatures can slow case processing time and thus delay benefits. A key component of the Affordable Care Act is an approach called "no wrong door." The use of the no wrong door approach enables an individual seeking healthcare and social services to complete one streamlined application that can determine his/her potential eligibility for multiple human services programs simultaneously. Accepting signatures in a variety of methods is a key component of the no wrong door approach. A Medicaid application being rejected solely for the signature should be extremely rare. If a signature is present and the intent to sign the document is clear, the signature should be accepted. Workers should utilize the below guidance to help properly identify acceptable signatures. If a worker does not feel a signature meets one of the acceptable signature types identified, or suspects the signature may be falsified, the worker should contact the individual to resolve the matter.

The following signature types are considered acceptable for Medicaid:

**Hand-Written "Wet Signature"**

A "wet signature" is considered the traditional method for authenticating agreements and documents. The term "wet" refers to ink on paper needing time to dry. May be signed with any writing utensil that produces a physical mark.

- Signing a document with a wet signature provides physical evidence of consent and agreement to the terms and conditions written within the document.
- Printed or cursive handwriting is acceptable.
- Includes marking an "X" (often called a signature by mark) when the individual is unable to complete a full signature due to illiteracy or a disability.

- May be an ink stamp that replaces a signature for an individual who has an inability to sign in accordance with the Rehabilitation Act of 1973.
- While it does involve ink on paper, a signature from a typewriter or a typed signature on paper, is not a valid signature.

### **Electronic Signature or "E-Signature"**

The term “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.

- Intent to sign a record is shown by providing evidence that the signer intended to sign the document.
  - Intent to sign can be inferred from an individual’s approval of the reason for signing the electronic record as stated in the text of the document being signed.
  - May include the completion of a specific action to show consent, such as entering a password or a PIN, typing a name, responding to telephonic keypad instructions, receiving a text message with a unique code or using a digital pen/stylus or a finger to sign on a mobile device.
  - Electronic signature software programs often use processes like “click-through” or “check-box” actions to capture the individual’s intent to sign. May also contain an “I Agree” or “I Accept” button to signify consent.
  - May contain words like “E-SIGNED,” “Electronic Signature,” “DocuSigned,” “Certified by,” or “Digitally Signed” to show the document has been signed. May include the exact date and time of the signature, but this is not required if the individual has shown intent to sign the record and the document is dated elsewhere.
  - For Medicaid applications that are signed and transmitted electronically, intent is shown by the individual having signed the “under penalty of perjury” section of the application.
- Includes a saved audio or a "telephonically recorded" signature obtained in accordance with procedures approved by the Ohio Department of Job and Family Services (ODJFS).
- Includes a “digital signature” that uses encryption provided by a commercial company such as DocuSign, IdenTrust or Adobe Sign.
- Includes any original wet signature transmitted electronically (including a written “X” or ink stamp for an individual with illiteracy or a disability). Electronic transmission includes emailing, faxing, online portal submission, scanning, etc.
- Includes a typed signature, including a typed “X” for an individual who is unable to complete a full signature due to illiteracy or a disability, that is *electronically transmitted*, whether it's typed on a computer or another electronic device. A typed signature is considered an electronic symbol because it is a digital representation of a person's signature, created by typing their name on a computer or another electronic device, essentially acting as a visual indicator of the individual’s agreement and

approval of the document. A typed signature on a computer or another electronic device has an audit trail because it generates a digital record of when, where, and by whom the signature was placed, essentially acting as a verifiable log that can be used to prove the authenticity of the signature. Electronically transmitted documents sent via email, fax, etc., have a built-in audit trail by electronically storing information about the transaction.

- May be an electronically signed application received from the Federally Facilitated Marketplace (FFM).
  - Usually displays as a random series of numbers and letters in the signature section of the application.
  - Caseworkers only need to verify that one electronic signature is present on the FFM application for the application to be considered valid for all individuals requesting Medicaid coverage. An FFM application that requests Medicaid for unrelated individuals is considered a valid application for all persons, although it is only signed by one individual. That being said, for unrelated individuals on a case, caseworkers should ensure unrelated individuals are on separate blocks in Ohio Benefits (OB) so that each appropriate Primary Applicant is sent their own approval or denial notice of action (NOA) and later their own renewal information.
  - Caseworkers should not consider the individual who signs the FFM application to be anything other than the individual providing the required electronic signature. If the individual who signed the application is not an authorized representative (AR), they should not be mailed any requests or NOAs for the other blocks, unless a separate, valid, AR form is received.
- An application received from the Social Security Administration (SSA) for the low-income subsidy (LIS) program, or an electronic application for Supplemental Security Income (SSI), may be received with no visible signature, but should be considered valid. Signatures are submitted to the SSA but are not included in the files sent to OB.
- May be an electronically signed application received from the OB Self Service Portal.
- Carries the same legal weight as a wet signature in most cases. In certain situations, such as with wills or court orders, traditional handwritten signatures are required to provide an extra layer of protection against fraud or forgery.
- Electronic signature software adheres to various legal regulations, including the Electronic Signatures in Global and National Commerce Act (E-Sign Act) in the United States. These regulations validate that electronic signatures are legally binding and enforceable in court.

### **Signature Clarifications**

- A signature received from a minor applicant must be treated the same as an unsigned application.

- A parent or legal guardian is responsible for a minor who is not emancipated or has not reached the “age of majority” in Ohio. Per ORC 3109.01, the age of majority in Ohio is eighteen.
  - To properly submit a Medicaid application, the parent or legal guardian of the minor must sign the application on the minor’s behalf.
  - The County Department of Job and Family Services (CDJFS) would need to send a request for signature to the parent or guardian of the applicant/minor to resolve the matter.
  - The court must determine emancipation, so proper court documentation is required for any emancipated minor.
- An individual must always sign the final section of the Medicaid application that contains the “under penalty of perjury” statement in order for the application to be valid.
  - This section includes “acknowledgement and agreement” to various terms (often called the Medicaid provisions).
  - A signature in this section acknowledges consent as well as meets the requirements identified in 42 CFR 435.907.
  - When a signature is not received on the final section of the Medicaid application, it should be returned to the individual and considered incomplete until the proper signature is received.
  - When a signature is missing on a Medicaid application, the application date is the date the properly signed application is physically received by the agency.
  - The application date for an electronically signed application is the date the application was electronically received by the agency, with the exception of LIS and FFM applications. For LIS applications, the date the application was filed with the SSA should be considered the application date. For FFM applications, the date the application was received by the FFM should be considered the application date.
- A typed signature that is not electronically transmitted (i.e., a typed signature on a paper application), is not a valid signature, as there is no way to trace the signature (no audit trail, no timestamp, no record of the signature being provided).
- When an AR is an organization, the signature on the AR form and/or the application must be the name of the actual organization employee who completed the AR form/application and not the name of the organization.
- An assistor can help an individual complete an application, but cannot sign an application. A signature from anyone other than the applicant or an AR is an incomplete application.

## Acceptable Signature Examples

### **Wet Signatures:**

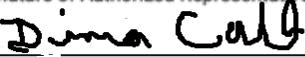
Hand-Written Cursive	Hand-Written Printed
	

**Ink Stamp that replaces a signature for an individual who has an inability to sign in accordance with the Rehabilitation Act of 1973.**



**Hand-Written Signature with an "X" when the individual is unable to complete a full signature due to illiteracy or a disability.**

**Signatures.** This form has no effect unless signed by both the person granting authority and by the authorized representative. By signing below, the authorized representative agrees to maintain the confidentiality of any information regarding the applicant/recipient provided by the agency. If the authorized representative is a provider, staff member or volunteer of an organization, then the authorized representative also agrees to adhere to the regulations cited in 42 C.F.R. 435.923(e).

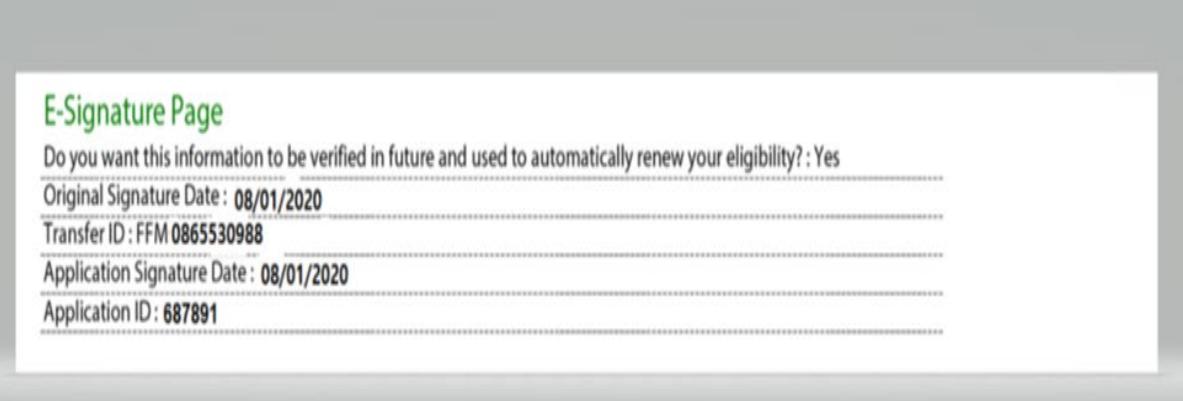
Signature of Person Granting Authority (Applicant/Recipient or Parent/Guardian) 	Date 5/1/2022
Signature of Authorized Representative 	Title (if employee of an organization) Senior Account Rep Date 5/1/2022

## Acceptable Signature Examples Continued:

### Electronic Signatures:

DocuSign Signature	Adobe Basic Digital/Electronic Signature
<p><i>Individual required to view and accept an electronic signature disclosure before accessing and signing the document. Intent to sign can be inferred from the individual's approval of the reason for signing the record.</i></p>	
	

Electronic Signature Software Program
<p><i>Individual required to view and accept an electronic signature disclosure before accessing and signing the document. Intent to sign can be inferred from the individual's approval of the reason for signing the record. Appears typed, but was electronically submitted, so signature is valid.</i></p>
<p>Signature</p> <p>Date: Wednesday, 2 November 2016 (EDT)</p> <p>Name: Linda Lee</p> 

FFM PDF Application Electronic Signature
<p><i>Signature displays as a random series of numbers and letters in the signature section of the application.</i></p> 

## Acceptable Signature Examples Continued:

### Adobe Advanced Digital/Electronic Signature:

Individual required to view and accept an electronic signature disclosure before accessing and signing the document. Intent to sign can be inferred from the individual's approval of the reason for signing the record.

**Linda Lee**

Digitally signed by Linda Lee

DN: c=US, o=HID Global,  
ou=Subscribers, ou=Adobe  
Systems, Lee, Linda  
0.9.2342.19200300.100.1.1=10000  
0000000218  
Date: 2012.03.19 13:58:32 -04'00'

### E-SIGNED Document:

Use of electronic signature program. Clear intent to sign the record is shown. Both AR and Applicant have a valid electronic signature. Visual indicators, such as the date and time stamp, along with reference to the signature platform "E-SIGNED" should cue the worker this is an electronically signed document.

**\*NOTE** You must complete Section 2 of this form if this authorization is intended to allow the use or disclosure of PHI.

**While this authorization is in effect, all notices sent by the CDJFS and/or ODM will also be sent to your authorized representative.**

**Signatures.** This form has no effect unless signed by both the person granting authority and by the authorized representative. By signing below, the authorized representative agrees to maintain the confidentiality of any information regarding the applicant/recipient provided by the agency. If the authorized representative is a provider, staff member or volunteer of an organization, then the authorized representative also agrees to adhere to the regulations cited in 42 C.F.R. 435.923(e).

Signature of Person Granting Authority (Applicant/Recipient or Parent/Guardian) E-SIGNED by Linda Lee on 2022-02-24 17:58:22 GMT	Date February 24, 2022
Signature of Authorized Representative E-SIGNED by Cindy Summerly on 2022-02-24 18:13:18 GMT	Title (if employee of an organization) Patient Advocate Date February 24, 2022

## Acceptable Signature Examples Continued:

### Typed signature tied to an electronic/digital signature platform:

*Typed name only, but intent to sign document is clear, and signature is electronically transmitted, so signature is valid.*

Type your signature

**Linda Lee**

I, Linda Lee, consent to be legally bound by this electronic signature – just the same as a pen-and-paper signature.

**Insert Signature** **Cancel**

### Mobile App Electronic Signature:

*Individual required to view and accept an electronic signature disclosure before accessing and signing the document. Intent to sign can be inferred from the individual's certification of the document. Signature appears typed, but was electronically transmitted, so signature is valid.*



## Acceptable Signature Examples Continued:

### Basic Electronic Signature:

*Individual required to view and accept an electronic signature disclosure before accessing and signing the document. Intent to sign can be inferred from the individual's certification of the document. Signature appears typed, but was electronically transmitted, so signature is valid.*



### Electronically Submitted Typed Signature (submitted via fax, email, or other electronic means):

*The typed signature is considered an electronic symbol because it is a digital representation of the individual's signature, created by typing their name on a computer or another electronic device, essentially acting as a visual indicator of their agreement and approval. Unless the worker feels the electronically submitted signature is questionable, the signature should be accepted. Note: This signature would not be valid if it were simply typed on paper (not electronically submitted).*

- I authorize any person who furnishes health care or medical supplies to give the Ohio Department of Medicaid, the Ohio Department of Job & Family Services, or the Ohio Department of Health any information related to the extent, duration, and scope of services provided under the Healthy Start, Healthy Families Medicaid program, WIC, and medical assistance programs. I also authorize the Ohio Department of Medicaid, the Ohio Department of Job & Family Services, and the Ohio Department of Health to exchange any information I have provided on this form, to enable the departments to determine my eligibility.

#### My right to appeal

If I think the Ohio Department of Medicaid or the Health Insurance Marketplace has made a mistake, I can appeal its decision. To appeal means to tell someone at the Ohio Department of Medicaid or the Health Insurance Marketplace that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting the Ohio Department of Medicaid at **1-800-324-8680**. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

**Sign this application.** The person who filled out Step 1 should sign this application. If you're an authorized representative you may sign here, as long as you have provided the information required in Appendix C.

Signature	LINDA LEE	Date (mm/dd/yyyy)
		2/12/2024

## STEP 6 Mail completed application.

## Acceptable Signature Examples Continued:

### Electronically Submitted Typed Signature (submitted via fax, email, or other electronic means):

*The typed name on the computer or another electronic device acts as a visual indicator of the individual's agreement and approval of the document. Both the AR and the applicant's signature are present on the document. Since the AR is with an organization, the signature correctly contains the name of the actual employee completing the authorization and not just the name of the organization. Unless the worker feels the electronically submitted signatures are questionable, the signatures should be accepted. Note: These signatures would not be valid if they were simply typed on paper (not electronically submitted).*

Services (CDJFS), the Ohio Department of Medicaid (ODM), and ODM's contracted designees].

**OR only the specific actions selected below:**

<input checked="" type="checkbox"/> Assist with my application/renewal for benefits	<input checked="" type="checkbox"/> Represent me at a state hearing
<input checked="" type="checkbox"/> Provide verifications to the CDJFS on my behalf	<input type="checkbox"/> Receive and respond to copies of all correspondence
<input type="checkbox"/> Discuss and receive information regarding my financial and medical information including protected health information (PHI)*	
<input type="checkbox"/> Other (please specify)	

**\*NOTE** You must complete Section 2 of this form if this authorization is intended to allow the use or disclosure of PHI.

**While this authorization is in effect, all notices sent by the CDJFS and/or ODM will also be sent to your authorized representative.**

**Signatures.** This form has no effect unless signed by both the person granting authority and by the authorized representative. By signing below, the authorized representative agrees to maintain the confidentiality of any information regarding the applicant/recipient provided by the agency. If the authorized representative is a provider, staff member or volunteer of an organization, then the authorized representative also agrees to adhere to the regulations cited in 42 C.F.R. 435.923(e).

Signature of Person Granting Authority (Applicant/Recipient or Parent/Guardian) Linda Lee	Date 1/2/2024
Signature of Authorized Representative Lisa Lowe, MedAssist	Title (if employee of an organization) Patient Advocate

This information is also available on the Ohio Department of Medicaid website and may be accessed at:

### Resources for Providers > Policies & Guidelines > Medicaid Eligibility Procedure Letters (MEPLs)

<https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/policies-guidelines/medicaid-eligibility-procedure-letters/medicaid-eligibility-procedure-letters>