

# Electronic Signature Verification

Date: \_\_\_\_\_

The Arkansas Access to Recovery (ATR) program operates under the guidelines of the federal grantor, SAMHSA. The federal requirements are for an electronic vouchering and payment process, the AR WITS program. In order to process electronic payments, the Division of Behavioral Health Services (DBHS), is required to follow the requirements of the Arkansas Administrative Procedures Act (APA) which requires provider signatures on invoices. Therefore all DBHS ATR Providers will participate in the electronic signature process.

DBHS is in compliance with federal and derivative state statutes including §19-11-203(29), and §25-31-104 and -105, and the Arkansas Uniform Electronic Transactions Act of 2001 codified at §25-32-101, *et.seq.*

An electronic signature is recognized as valid under Arkansas law if there is evidence of intent by the signatory to be bound by a verified, unique electronic signature under the sole control of the signatory.

Providers participating in the AR ATR Program will have only one authorized agent's signature at any given time for the purposes of billing. This provider representative must be responsible for ensuring the accuracy of all billing and submitting all invoices presented for payment in the AR WITS system.

The AR WITS program will create an electronic signature of the authorized provider representative on all invoices submitted by the provider in AR WITS using electronic signature capability inherent in Adobe Reader software version 9.0 or later versions.

Providers may participate in the electronic development of invoices for the AR ATR program after establishing authorized signatories as valid and current within the ATR system as follows:

## Self-certification to verify cognizant participation as an electronic signatory

- By completion and submission of this form, Vendor verifies and attests to understanding the prescribed concept of electronic processing and Vendor's willingness to use its electronic signature as an affirmative and binding commitment on invoices that are presented to DBHS for payment.
- Vendor shall list the name and title of its authorized agent indicating the individual's authorization to bind the vendor by electronic signatures on all invoices on behalf of the Vendor organization:

Vendor \_\_\_\_\_

Address \_\_\_\_\_ Tax Identification \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Authorized Agent	Title	E-mail Address

- The authorized Vendor billing representative shall sign here to indicate understanding and willingness to participate in electronic processing of invoices per this agreement:

Authorized Agent's Signature \_\_\_\_\_

Title \_\_\_\_\_