

Division of Medicaid	New:	Date:
State of Mississippi	Revised: X	Date: 09/01/03
Provider Policy Manual	Current:	09/01/06
Section: Dialysis	Section: 41.05	
	Pages: 1	
Subject: Documentation Requirements	Cross Reference:	

All professional and institutional providers participating in the Medicaid program are required to maintain records that will disclose services rendered and billed under the program and, upon request, make such records available to representatives of DOM or Office of Attorney General in substantiation of any or all claims. These records should be retained a minimum of five (5) years in order to comply with all state and federal regulations and laws.

In order for DOM to fulfill its obligations to verify services to Medicaid beneficiaries and those paid for by Medicaid, ambulance services must maintain auditable records that will substantiate the claim submitted to Medicaid. At a minimum, the records must contain the following on each patient:

- dates of service
- patient's presenting complaint
- history and physical
- provider's findings
- type of dialysis
- treatment rendered
- all treatments, medications, and studies including those within the composite rate and those outside the composite rate
- provider's signature or initials

Providers must maintain proper and complete documentation to verify the services provided. The provider has full responsibility for maintaining documentation to justify the services provided.

DOM and/or the fiscal agent have the authority to request any patient records at any time to conduct a random sampling review and/or document any services billed by the dialysis provider.

If a dialysis provider's records do not substantiate services paid for under the Mississippi Medicaid program, as previously noted, the provider will be asked to refund to the Mississippi Medicaid program any money received from the program for such non-substantiated services. If a refund is not received within ~~60~~ 30 days, a sum equal to the amount paid for such services will be deducted from any future payments that are deemed to be due the dialysis provider.

A dialysis provider who knowingly or willfully makes, or causes to be made, false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments may be prosecuted under federal and state criminal laws. A false attestation can result in civil monetary penalties as well as fines, and may automatically disqualify the dialysis provider as a provider of Medicaid Services.

Manual Section: Dialysis

Manual Section #: 41.0

Subject: Documentation Requirements

Policy Section(s) #: 41.05

POLICY APPROVAL FORM

Reviewed by: Patsy Crews

Patsy Crews, Bureau Director
Bureau of Policy

Approved as Written
 Approved with Comments
 Denied

Date: 5/24/06

Reviewed by: David Maatallah

David Maatallah, CFO
Office of Finance and Administration

Approved as Written
 Approved with Comments
 Denied

Date: 5/15/06

Reviewed by: Richard Roberson

Richard Roberson, Special Assistant
Attorney General

Approved as Written
 Approved with Comments
 Denied

Date: 5/30/06

Reviewed by: Don Thompson

Don Thompson,
Deputy Administrator of Health Services

Approved as Written
 Approved with Comments
 Denied

Date: 5/30/06

Reviewed by: _____

Dr. Robert L. Robinson,
Executive Director

Approved as Written
 Approved with Comments
 Denied

Date: _____

See Page 2 for signature.

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Manual Section: Dialysis

Manual Section(s)#: 41.0

Subject: Documentation Requirements

Policy Section(s)#: 41.05

POLICY APPROVAL FORM
(Program Area)

Reviewed by: Alicia Crowder

Approved as Written
 Approved with Comments
 Denied

Date: 5/23/06

Reviewed by: [Signature]

~~Approved as Written~~
 Approved with Comments
 Denied

Date: 5/24/06

Reviewed by: [Signature]

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 Approved with Comments
 Denied

Date: 6-01-06

Reviewed by: _____

Approved as Written
 Approved with Comments
 Denied

Date: _____

Reviewed by: _____

Approved as Written
 Approved with Comments
 Denied

Date: _____

Reviewed by: _____

Approved as Written
 Approved with Comments
 Denied

Date: _____