

Division of Medicaid	New:	Date:
State of Mississippi	Revised: X	Date: 07/01/00
Provider Policy Manual	Current:	09/01/06
Section: General Policy	Section: 7.03	
	Pages: 1-2	
Subject: Maintenance of Records	Cross Reference:	

All professional, institutional, and contractual providers participating in the Medicaid program are required to maintain records that will disclose services rendered and/or billed under the program and, upon request, make such records available to representatives of DOM or the Attorney General Medicaid Fraud Control Unit or DHHS in substantiation of any and all claims. These records must be retained a minimum of five years to comply with all state and federal regulations and laws. These records must also be legible, appropriate, and correct. All entries within a medical record should be written legibly to ensure beneficiary safety and appropriate billing or reviewing. All information contained within a medical record should be written or otherwise compiled on appropriate provider documentation forms. All entries within the medical record should be made without a space between entries. Corrections and late entries, when absolutely necessary, should be documented appropriately, as evidenced below. Every effort should be made to make correct and timely entries initially in the medical record. At no time should corrective tape, corrective liquid, erasers or other obliteration supplies be used to remove or change information on or in the medical record. A medical record is a legal document and it is illegal to tamper with or falsify such documents.

Entry Correction:

- Draw a single line through the error making certain that the error entry, though crossed out, is still legible.
- Initial and date/time when the entry was marked out.
- Enter the correct information in a new entry on the next available line or in the next available space. The current date/time should be used when beginning this entry. The time the event/incident occurred you can place within the entry text itself.
- Never use corrective tape, corrective liquid or other obliteration supplies to change or erase any part of the medical record.

Late Entries:

- Identify the new entry as a "Late Entry" in the medical record.
- Enter the current date and time when the entry is actually being written in the medical record. (This should not be the date and time the incident/event actually occurred.)
- Identify the incident and refer to the date and time that the incident occurred within the late entry.
- Document information as soon as possible.
- Never use corrective tape, corrective liquid or other obliteration supplies to change or erase any part of the medical record.

Statistical and financial data supporting a cost report must be maintained for at least five years from the date the cost report (or amended cost report, or appeal) is submitted to DOM.

Requirements for Records of Services Rendered

In order for DOM to fulfill its obligation to verify services rendered to Medicaid beneficiaries and paid for by Medicaid, the provider must maintain auditable records that will substantiate the claim submitted to Medicaid. Refer to specific program sections for detailed documentation requirements.

DOM staff shall have immediate access to the provider's physical services location, facilities, records, documents, books, prescriptions, invoices, radiographs, and any other records relating to licensure, medical care, and services rendered to beneficiaries, and billings/claims during regular business hours (8

a.m. to 5 p.m., Monday-Friday) and all other hours when employees of the provider are normally available and conducting the business of the provider. DOM staff shall have immediate access to any administrative, maintenance, and storage locations within, or separate from, the service location.

Absence of Adequate Records to Verify Services

If a 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 DOM any money received from the Medicaid program for such nonsubstantiated services. If a refund is not received within 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 provider.