

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New:</b> <b>Revised: X</b> <b>Current:</b>	<b>Effective Date:</b> <b>01/01/11</b>
<b>Section: General Policy</b>	<b>Section: 7.03</b>	
<b>Subject: Maintenance of Records</b>	<b>Pages: 2</b> <b>Cross Reference:</b>	

All professional, institutional, and contractual providers participating in the Medicaid program are required to maintain all records that will disclose services rendered and/or billed under the program and, upon request, make such records available to representatives of CMS, DOM, the Attorney General Medicaid Fraud Control Unit, or DHHS in substantiation of any and all claims.

### **General Requirements for All Records**

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. All entries must be made in a permanent form such as indelible ink. Entries made in pencil are not acceptable. 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 can be placed 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.

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

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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 thirty (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.

### **Record Retention Requirements**

Providers must maintain compliance with the MS Code as follows:

- Section 43-13-117: "Notwithstanding any other provision of this article, it shall be the duty of each nursing facility, intermediate care facility for the mentally retarded, psychiatric residential treatment facility, and nursing facility for the severely disabled that is participating in the Medicaid program to keep and maintain books, documents and other records as prescribed by the Division of Medicaid in substantiation of its cost reports for a period of three (3) years after the date of submission to the Division of Medicaid of an original cost report, or three (3) years after the date of submission to the Division of Medicaid of an amended cost report."
- Section 43-13-118: "It shall be the duty of each provider participating in the medical assistance program to keep and maintain books, documents, and other records as prescribed by the Division of Medicaid in substantiation of its claim for services rendered Medicaid recipients, and such books, documents, and other records shall be kept and maintained for a period of five (5) years or for whatever longer period as may be required or prescribed under federal or state statutes and shall be subject to audit by the Division. The Division shall be entitled to full recoupment of the amount it has paid any provider of medical service who has failed to keep or maintain records as required herein."

**NOTE: ALL providers must maintain records that substantiate claims for services rendered and/or billed under the program for a minimum of five (5) years. The minimum three (3) year retention requirement for records that substantiate cost reports applies only to cost reports AND only to the aforementioned providers.**

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