



## PROVIDER BULLETIN

No. 18-12

DATE: August 10, 2018

TO: All Providers Participating in Nebraska Medicaid Program

FROM: Matthew A. Van Patton, DHA, Director  
Division of Medicaid & Long-Term Care

BY: Betsie Steenson, Program Integrity Unit

RE: Maintaining and Providing Complete Medical Records

**Please share this information with administrative, clinical, and billing staff.**

The purpose of this bulletin is to remind providers of their obligation to maintain medical records and to supply records when requested.

State and federal regulations require that providers must keep, maintain for six years, and provide complete medical records for all Medicaid and Children's Health Insurance Program (CHIP) recipients (see 45 CFR 164.530(j), "Service Provider Agreement" (MC-19), 471 NAC 2-001.03, 471 NAC 2-002.03, 471 NAC 2-002.06, 471 NAC 3-002.01). Complete documentation must reflect the service provided, who provided the service, and all additional details relevant to the service.

As stated in 471 NAC 3-003.02, the submission of the claim by the provider, the provider's authorized representative, or the provider's billing agent on behalf of an approved provider certifies that each service is documented in the provider's files, and that documentation is available to the Department, the federal Department of HHS, and state and federal fraud and abuse units.

Regulations also require documentation for services provided to Medicaid and CHIP recipients to be made available when requested (see 471 NAC 2-001.03 and 471 NAC 3-003.02). These records must be supplied in a timely manner for audit or review when requested by the Nebraska Department of Health and Human Services (DHHS), the federal Department of Health and Human Services (HHS), or any other

approved agency. Other approved agencies include federal and state entities reviewing Medicaid and CHIP provider payments, such as DHHS Program Integrity, the Payment Error Rate Measurement (PERM) review contractors, and the Unified Program Integrity Contractor (UPIC) reviewers.

Requests for records must be answered in a timely fashion. All requested materials should be supplied by the indicated deadline, or contact should be made with the person or group making the request to discuss allowing more time to provide the requested documentation. If the requested documentation is not provided for review, or the documentation that is provided is found to be insufficient to support the service(s) that have been billed, refunds will be required from the provider (see 471 NAC 3-002.03).

The provider's failure to properly document services rendered to Medicaid and CHIP recipients may constitute a violation of the False Medicaid Claims Act, which may result in a refund request, sanctions imposed by DHHS (see 471 NAC 2-002.03 and 471 NAC 2-002.04), or a referral to the Medicaid Fraud and Patient Abuse Unit of the Attorney General's office.

With Health Insurance Portability and Accountability Act (HIPAA) privacy laws, many providers are concerned about the validity of documentation requests. If you receive a request for records and are uncertain if the request is valid, please contact the Nebraska Medicaid Program Integrity Unit for confirmation at [DHHS.MedicaidProgramIntegrity@nebraska.gov](mailto:DHHS.MedicaidProgramIntegrity@nebraska.gov) or by phone at 402-471-8359.

If you have questions regarding this bulletin, please contact Betsie Steenson at 402-471-9353, or via email at: [Betsie.Steenson@nebraska.gov](mailto:Betsie.Steenson@nebraska.gov).

Medicaid Provider Bulletins, such as this one, are posted on the DHHS website at [http://dhhs.ne.gov/medicaid/Pages/med\\_pb\\_index.aspx](http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx). The "Recent Web Updates" page will help you monitor changes to the Medicaid pages.