## **Provider Bulletin 21-10**



**To:** All Providers Participating in the Nebraska Medicaid Program

From: Kevin Bagley, Director

**Date:** May 28, 2021

Re: Maintaining and Providing Complete Medical Records

This bulletin is being issued to remind all administrative, clinical, and billing staff of their obligation to maintain medical records and to supply those records to approved agencies when they are requested.

State and federal regulations require providers to keep and maintain medical records for 6 years, and to provide them for all Medicaid and Children's Health Insurance Program (CHIP) recipients. Complete documentation must reflect the service(s) provided, the number of units of the service(s) provided, the service rendering provider, the date that the service(s) was provided, and all additional details relevant to the service(s). This is necessary to receive payment for services provided.

When requested, providers must submit documentation for services provided to Medicaid and CHIP recipients in a timely manner for audit or review by the Nebraska Department of Health and Human Services (DHHS), the federal Department of Health and Human Services (HHS), or any other approved agency. This includes requests from federal and state entities reviewing Medicaid and CHIP provider payments such as DHHS Program Integrity, the Payment Error Rate Measurement (PERM) review contractors, or the Unified Program Integrity Contractor (UPIC) reviewers.

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 has been billed, the Nebraska Medicaid program will request refunds from the provider.

The provider's failure to properly document services rendered to Medicaid and CHIP recipients may constitute a violation of the False Medicaid Claims Act. The matter may result in a refund request, sanctions imposed by the Department, or a referral to the Medicaid Fraud and Patient Abuse Unit of the Nebraska Attorney General's office.

With the Health Insurance Portability and Accountability Act (HIPAA) and other Medicaid-specific 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 <a href="mailto:DHHS.MedicaidProgramIntegrity@nebraska.gov">DHHS.MedicaidProgramIntegrity@nebraska.gov</a>.

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

Provider Bulletins, such as this one, are posted on the DHHS website at <a href="http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx">http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx</a>. Please subscribe to the page to help you stay up to date about new Provider Bulletins.