1915(i) Policy

Medical Records 510-08-35

Documentation, Signatures, Confidentiality and Availability of Records

This 1915(i) Medical Records policy is adapted from the general Provider Information policy found at the following link:
Provider Guidelines, Manuals and Policies | Health and Human Services North Dakota

ND Medicaid 1915(i) providers are required to keep records that completely and thoroughly document the extent of services rendered to individuals and billed to ND Medicaid. Records are used by ND Medicaid to verify that services were billed correctly. Medical records must be in their original or legally reproduced form, which may be electronic. Records must be retained for a minimum of seven years from the date of its creation or the date when it was last in effect, whichever is later.

Services provided must relate to the individual's goals and assessed needs identified on their plan of care while also staying within the scope of service. Documentation must describe the progress toward the individual's goals and assessed needs identified in their plan of care.

Documentation records must:

- Thoroughly document the extent of services rendered and billed. These records are used to decide necessity and correct billing. See Medical Necessity below.
- Be in their original or legally reproduced form. This may be electronic.
- Support the time spent rendering a service for all time-based codes.
- Be kept for a minimum of seven (7) years from the date of their creation or the date when they were last in effect, whichever is later. Note: state law may require a longer retention period for some provider types.
- Be signed by the ND Medicaid-enrolled provider rendering the service. Claims selected for an audit that don't have signed records shall be denied.
- Be legible, promptly completed, dated and timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided consistent with organization policy. Signatures must follow Medicare requirements.

- Be kept confidential.

In additional to the documentation requirements listed above, the 1915(i) individual's record must also include:

- Patient's name and date of birth;
- Date;
- Begin and end time of service;
- Name and title of individual providing (rendering) the service;
- Plan of Care;
- Signature and date by the person providing the service;
- Service authorization number;
- Claims, billings, and records of Medicaid payments and amounts received from other payers for services provided to members;
- Records, receipts, and original invoices for items that are furnished or purchased, for example purchases made through the Community Transition or Training and Supports for Unpaid Caregiver Services; and
- Any other related medical or financial data that may include appointment schedules, account receivable ledgers, and other financial information.

Each 1915(i) service provider on the Plan of Care must provide a monthly update to the care coordinator. The care coordinator's interim C-POC reviews must include a review of all provider's monthly updates.

Providers must review the policy for the service(s) they are providing for documentation requirements specific to the particular service.

See the following 1915(i) policy sections for documentation requirements specific to various areas of the 1915(i):

- Person-Centered Plan of Care
- HCBS Settings Rule
- Remote Support Service Delivery
- Conflict of Interest Standards
- Duplication of Services
- Service Authorizations
- Claims
- Policies specific to the service provided

Medical Necessity

Medical necessity is:

- medical or remedial services or supplies required for treatment of illness, injury, diseased condition, or impairment
- consistent with the recipient's diagnosis or symptoms
- appropriate according to generally accepted standards of medical practice
- not provided only as a convenience to the recipient or provider
- not investigational, experimental, or unproven; clinically appropriate in terms of scope, duration, intensity, and site
- provided at the most appropriate level of service that is safe and effective

Signatures

Documentation submitted to ND Medicaid must be signed by the ND Medicaid enrolled individual provider providing the service. If there is no signature appended to medical record documentation, claims will be denied for no signature.

All medical record entries must be legible, promptly completed, dated and timed, and authenticated in written or electronic form by the individual provider providing the service.

Electronic medical record signatures must follow Medicare requirements and require a special Adobe license. For documentation other than electronic medical records (i.e. release of information, plan of care, provider enrollment paperwork, etc.), ND Medicaid accepts typed Adobe signatures that does not require a special license. For additional guidance, Medicare requirements can be found here: https://med.noridianmedicare.com/web/jfb/cert-reviews/signature-requirements. *Note: This link does not work if using Internet Explorer.*

Confidentiality and Availability of Records

All member and applicant information and related medical records are confidential. Providers are responsible for maintaining confidentiality of protected health information subject to applicable laws. Providers are required to permit ND Medicaid personnel, or authorized agents, access to all information concerning any services that may be covered by Medicaid. This access does not require an authorization from the member because the

purpose for the disclosure is to carry out treatment, payment or healthcare operations permitted under the HIPAA Privacy rule under 45 CFR §164.506. Health ND Medicaid July 2021 18 plans contracting with ND Medicaid must be permitted access to all information relating to Medicaid services reimbursed by the health plan.

Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying all medical records, quality assurance documents, financial records, administrative records and other documents and records that must be maintained. If providers are using electronic medical records, they must have a medical record system that ensures the record may be accessed and retrieved promptly. (Failure to make requested records available for examination and duplication and/or extraction through the method determined by authorized agents of the state or federal government may result in the provider's suspension and/or termination from Medicaid.)

Records may only be released to other individuals if they have a release signed by the member authorizing access to the records or if the disclosure is for a permitted purpose under applicable confidentiality laws.

Expansion Members

Contact the Managed Care Organization for potential requirements specific to 1915(i) Expansion members.