

# Provider Documentation Requirements

Medicaid providers are required to maintain accurate and complete financial, clinical, and other records in compliance with 7 AAC 105.230 and necessary to support the services for which the provider requests payment. Providers are also responsible for ensuring that their staff, billing agents, and other entities in charge of provider record maintenance meet these requirements.

Providers are encouraged to review 7 AAC 105.230 and their records regularly to ensure continued compliance. Failure to maintain proper documentation could lead to denial of provider claims and recoupment of provider payments.

## 7 AAC 105.230. Requirements for provider records

(a) A provider shall maintain accurate financial, clinical, and other records necessary to support the services for which the provider requests payment. The provider shall ensure that the provider's staff, billing agent, or other entity responsible for the maintenance of the provider's financial, clinical, and other records meets the requirements of this section.

(b) A provider's record must identify recipient information for each recipient including the

- (1) name of the recipient receiving treatment;
- (2) specific services provided;
- (3) extent of each service provided;
- (4) date on which each service was provided; and
- (5) individual who provided each service.

(c) A provider's record must identify financial information for each recipient including

- (1) the charge for each service provided;
- (2) each payment source pursued;
- (3) the date and amount of all debit and credit billing actions for each date of service provided; and
- (4) the amounts billed and paid.

(d) A provider shall maintain a clinical record, including a record of therapeutic services, in accordance with professional standards applicable to the provider, for each recipient. The clinical record must include

- (1) information that identifies the recipient's diagnosis;
- (2) information that identifies the medical need for each service;
- (3) identification of each service, prescription, supply, or plan of care prescribed by the provider;
- (4) identification of prescription drugs dispensed in accordance with 7 AAC 120.100 - 7 AAC 120.140;
- (5) stop and start times for time-based billing codes; and
- (6) annotated case notes identifying each service or supply delivered; the case notes must be dated and either signed or initialed by the individual who provided each service.

(e) A provider shall retain a recipient's records described in (b) - (d) of this section for which services have been billed to the department for at least seven years from the date the service is provided. The duty of the provider set out in this subsection applies to a provider even if the provider's business is sold or transferred, or is no longer operating. If a provider ceases business, the provider shall notify the department how the department can access Medicaid recipient records in the future.

(f) A provider who maintains all or part of the provider's records in an electronic format shall ensure that the data required to be maintained by this section is readily accessible as required under 7 AAC 105.240(a).

**History: Eff. 2/1/2010, Register 193**

**Authority: AS 47.05.010 AS 47.07.030 AS 47.07.040**

Go to <http://www.legis.state.ak.us/basis/folio.asp> for the complete Alaska Administrative Code and Alaska Statutes.