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Documentation Standards

The Division of Healthcare Financing Program Integrity Unit routinely conducts post-payment audits of Wyoming Medicaid providers to ensure that Medicaid payments are for covered services that are medically necessary. Recent audit activities have shown that some providers are not in full compliance with Wyoming Medicaid record keeping, retention and access requirements. The Division of Healthcare Financing would like to take a moment to share the following documentation standards with you again:

You, the provider, are responsible for documentation being accurate and available within twenty (20) days of the record request letter. Failure to provide quality records may result in the recovery of billed claims for services provided, but not supported by documentation that is submitted.

Wyoming Medicaid Rules, Chapter 3, Section 7 (b) states:

"A provider must have completed all required documentation, including required signatures, before or at the time the provider submits a claim to the Division. Documentation prepared or completed after the submission will be deemed to be insufficient to substantiate the claim and Medicaid funds shall be withheld or recovered."

Federal Regulations (42 CFR 431.107 (a), (b), (c)), Wyoming Medicaid Rules (Chapter 3, Section 7 (c)) and the Medicaid Provider Participation Agreement requires providers to furnish, upon request, medical records involving services provided to Wyoming Medicaid clients.

Things to remember when documenting services provided to Medicaid clients:

For EACH PAGE of documentation (front and back are considered two (2) pages)

- Always use ink (blue ink is preferred). DO NOT USE PENCIL!
- NEVER use White-Out
- DO NOT scribble through errors
- Mark with a line and initial (i.e., 3:30 ~~p.m.~~ a.m. *sm*)
- Limit the use of abbreviations
- Include the name of client and client Medicaid ID
- Location of services
- Date of service (include month, day, and year)
- Name of service provided (use relevant, professional descriptions)
- Keep dates and times in chronological order

- Write down when timed services begin and when timed services end consistently using either a.m., p.m., or military time
 - Write down when timed services begin and when timed services end for each calendar day, even when services are provided over a period of longer than a calendar day
 - Signature of person performing service
 - If initials are used, a full signature must be included on each page of documentation
 - Detailed description of services provided
 - Document each service on separate forms or schedules
- **Should Wyoming Medicaid establish a pattern of inappropriate billing and/or lack of supporting documentation for services reimbursed, a referral may be made to the Wyoming Medicaid Fraud Control Unit, law enforcement, investigative, or regulatory agencies for further investigation and/or prosecution.**

REMEMBER: If it is not written down, then it didn't happen!

Follow all Federal and State statutes, rules, regulations, policies and procedures. (It is your responsibility as a provider to learn this information and keep abreast of all changes and updates.)

The Program Integrity Unit is always willing to assist you!

Please do not hesitate to contact your Wyoming Medicaid Program Manager or the PI Unit if you have any questions or concerns related to the services you provide to our Medicaid clients at **307-777-7531**.

Habilitative Services vs. Rehabilitative Services

Wyoming Medicaid covers **medically necessary** therapy services, including mental health and substance abuse (behavioral health) treatment and physical, occupational, and speech therapy services via the federal authority guidelines granted by the Centers for Medicare and Medicaid Services (CMS) and specified in the Code of Federal Regulation's (CFR) **rehabilitative services option** section. All Medicaid clients who meet the service eligibility requirements and have a need for particular rehabilitative option services are entitled to receive them.

"**Medical necessity**" or "**Medically necessary**" means a determination that a health service is required to diagnose, treat, cure or prevent an illness, injury or disease which has been diagnosed or is reasonably suspected to relieve pain or to improve and preserve health and be essential to life. The service must be:

- (A) Consistent with the diagnosis and treatment of the client's condition;
- (B) In accordance with the standards of good medical practice among the provider's peer group;
- (C) Required to meet the medical needs of the client and undertaken for reasons other than the convenience of the client and the provider; and,
- (D) Performed in the most cost effective and appropriate setting required by the client's condition.

Habilitative/Habilitation Services

Health care services that help you keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Rehabilitative/Rehabilitation Services

Health care services that help you keep, get back, or improve skills and functioning for daily living that have been lost or impaired because you were sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

The Key in the two definitions is if you ever had the skill or function. If the person did have it and

lost it due to a disease or accident then it would be a rehabilitative service. If the person never had it then it is a habilitative service.

Because Wyoming Medicaid is restricted to the reimbursement of services that are exclusively **rehabilitative** and restorative in nature, the Medicaid Developmental Disability Waiver Program (operating as the Comprehensive and Supports Waiver in Wyoming) also includes coverage for habilitative therapy services (physical, speech and occupational) beneficial to clients with a developmental disability, recognizing that most often the services needed by these clients are habilitative in nature, and do not meet the requirements of the rehabilitative services covered by traditional Medicaid.

Service Cap Limits

For those services that have a 20 visit soft cap limit, the soft cap limit applies only to therapeutic services for clients age 21 and over. This cap limit requires providers to submit a cap limit request including documentation supporting the medical necessity and rehabilitative nature of the services being provided for clients once they have exceeded the 20 visit limit. For clients whose documentation shows that the services are medically necessary and rehabilitative in nature, those cap limits will then be waived and services will continue to be reimbursed.



Help identify and combat Medicaid Fraud by visiting the website or contacting the Fraud Hotline:

- <http://stopmedicaidfraud.wyo.gov>
- 1-855-846-2563

WYhealth is a Medicaid health management and utilization management program offered by the Wyoming Department of Health through Optum. Medicaid clients and providers will benefit from a wide array of programs and services offered and coordinated by Optum. Visit www.wyhealth.net for more information



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Wyoming Medicaid, Provider Relations, PO BOX 667, Cheyenne, WY 82003

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