

General Billing

DOCUMENTATION

DOM, the UM/QIO, and/or the fiscal agent have the authority to request patient records at any time to conduct a random sampling review of documentation for services billed by the provider. If the provider's records do not substantiate services paid for under the Mississippi Medicaid program, as previously noted, the provider will be asked to refund to DOM any money received from the Medicaid program for any such non-substantiated services. If a refund is not received within thirty (30) days, a sum equal to the amount paid for such services will be deducted from any future payments that are deemed to be due the provider.

A provider who knowingly or willfully makes or causes to be made, a false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments may be prosecuted under federal and state criminal laws. A false attestation can result in civil monetary penalties, as well as fines, and may automatically disqualify the provider as a provider of Medicaid services.

PROCEDURES FOR SUBMITTING DOCUMENTATION ELECTRONICALLY

Providers are required to follow all HIPAA regulations regarding the use and disclosure of Protected Health Information (PHI). If a provider chooses to submit documentation electronically, it must be submitted through DOM's secure website to protect PHI. Providers should contact Audit and Recovery with any questions on proper procedures for submitting documentation electronically.