

Nursing Facility Policy Guidance Supporting Documentation Required for NF Claims

In accordance with Ohio Administrative Code 5160-1-27 "Review of provider records", all Medicaid providers are required to keep such records as are necessary to establish that conditions of payment for Medicaid covered services have been met, and to fully disclose the basis for the type, frequency, extent, duration, and delivery setting of services provided to Medicaid recipients, and to document significant business transactions. Medicaid providers are required to provide such records and documentation to the Ohio Department of Medicaid (ODM) or its designee, the secretary of the federal department of health and human services, or the state Medicaid fraud control unit upon request.

During the most recent Payment Error Rate Measurement (PERM) audit, auditors identified some issues with documentation requested to support nursing facility (NF) Medicaid claims. Specifically, these included:

- Facility failed to produce required documents (e.g., Level of Care determinations)
- Signatures missing on documents (e.g., physician orders)
- Documents signed/dated untimely (e.g., physician orders)

Medicaid Providers are reminded of the importance of following all applicable state and federal requirements and maintaining the appropriate documentation to support those activities. As noted in OAC rule 5160-1-27 Paragraph (F):

- (3) Services billed to and reimbursed by the department, which are not validated in the recipients' records, are subject to recoupment through the audit and review process described in this rule.

Questions? Contact: NFpolicy@medicaid.ohio.gov