

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 08/01/05
Section: EPSDT	Section: 73.07	
Subject: Documentation Requirements for EPSDT Screenings	Pages: 2 Cross Reference:	

All professional and institutional providers participating in the Medicaid program are required to maintain records that will disclose service rendered and billed under the program and, upon request, make such records available to representatives of DOM in substantiation of any and all claims. These records should be retained for a minimum of five (5) years in order to comply with HIPPA, all state and federal regulations and laws.

In order for DOM to fulfill its obligations to verify services to Medicaid beneficiaries and those paid for by Medicaid, EPSDT providers must maintain auditable records that will substantiate the claim submitted to Medicaid. Providers must maintain proper and complete documentation to verify the services. The provider has full responsibility for maintaining documentation to justify the services.

Medical Record

The medical records must include the following critical components:

- Consent signature
- Past family medical/social history and updates at each screening visit
- Beneficiary medical history and updates at each screening visit
- Mental health assessment
- Past immunization history and vaccine administration as indicated
- Age appropriate developmental assessment
- Age appropriate health education/anticipatory guidance
- Nutritional assessment to include plotted growth and development chart; WIC status; anemia testing; other pertinent lab and/or medical tests
- Sickle cell test results (if indicated)
- Hemoglobin or Hematocrit
- Urine test for glucose and protein
- Lead assessment/ Lead testing /results according to age and risk
- RPR (beginning at age 15, then yearly; sooner if sexually active)
- Tb skin test (if indicated)
- Height, weight, and head circumference (up to age 2) plotted on an age/sex specific growth and development chart
- Vision and hearing screening (subjective and objective testing results)
- Pulse from birth to age 21
- Blood pressure
- Documentation of unclothed physical examination
- Dental counseling and/or referral/status (birth – 21 years)
- Appropriate referral, when required (i.e., vision, medical, hearing)
- Referral follow-up on conditions related to documented medical, vision or hearing abnormalities
- Adolescent counseling using the appropriate form for documentation
- Documentation of next screening date

DOM and/or the fiscal agent have the authority to request any patient records at any time to conduct random sampling review and/or document any services billed by the EPSDT provider.

If the EPSDT provider's records do not substantiate services paid under the Mississippi Medicaid program, as previously noted, the provider will be asked to refund to the Mississippi Medicaid program any money received from the program for such non-substantiated services. If a refund is not received within sixty (60) days, a sum equal to the amount paid for such services will be deducted from any future payments that are deemed to be due to the provider.

An EPSDT provider who knowingly or willfully makes, or causes to be made, 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 EPSDT provider as a provider of Medicaid services.