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	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Documentation and Medical Record Keeping Requirements	**BY** Peg J. Dierkers **Peg J. Dierkers, Ph.D.** Deputy Secretary for Medical Assistance Programs
NUMBER:	29-02-03, 33-02-03, 41-02-02	
ISSUE DATE:	March 21, 2002	
EFFECTIVE DATE:	March 21, 2002	

PURPOSE:

The purpose of this bulletin is to reinforce the Office of Medical Assistance (MA) Programs documentation and medical record keeping requirements for providers that render behavioral health services to eligible MA recipients.

SCOPE:

This bulletin is applicable to all psychologists, outpatient psychiatric clinics and psychiatric partial hospitalization programs enrolled in either the MA Program's Fee-For-Service or Managed Care Organizations delivery systems.

BACKGROUND:

MA Regulations § 1101.51 (d) establish standards of practice and § 1101.51 (e) establish record keeping requirements for all provider types. Providers must also adhere to record keeping requirements specified in the provider's specific regulation, as well as, any additional instructions issued by the Department.

DISCUSSION:

Departmental review of medical records has revealed that providers are failing to meet documentation and record keeping requirements. This documentation is used by the Department in utilization activities to determine the validity of claims submitted, the medical necessity and quality of services provided to MA recipients. Providers should review their record keeping practices to ensure compliance with applicable Federal and State statutes and regulations, as well as, compliance with their licensing and approval standards. Failure to comply with documentation and medical record keeping requirements may result in the Department's termination of a provider's enrollment in the MA Program, provider restitution or Departmental recoupment of overpayments as specified in § 1101.83.

PROCEDURE:

Providers must adhere to requirements in § 1101.51(d) and (e), and treatment plan documentation

as required by § 1153.42 (b) (1) (2) and § 1153.52 (a) (7) (i) (ii) (iii). Providers must develop a treatment plan which contains a written description of the treatment objectives related to the individual's diagnosis and includes the specific medical and remedial services, therapies, and activities that will be used to meet the treatment objectives. The treatment plan must be included in the patient's record and the treatment objectives must state:

1. A projected schedule for service delivery which includes the expected frequency and duration of each planned therapeutic session;
2. The name(s) of the individual(s) who will be delivering the services;
3. The schedule for completing a reassessment of the individual's status in relation to the individual's diagnosis and treatment goals and objectives; and
4. The schedule for updating the treatment plan.

The documentation of treatment or progress notes, at a minimum, must include:

1. The specific services rendered;
2. The date that the service was provided;
3. The name(s) of the individuals(s) who rendered the services;
4. The place where the services were rendered;
5. The relationship of the services to the treatment plan, specifically any goals, objectives and interventions;
6. Progress at each visit, any change in diagnosis, changes in treatment and response to treatment; and
7. The actual time in clock hours that services were rendered. For example: the recipient received one hour of psychotherapy. The medical record should reflect that psychotherapy was provided from 10:00 A.M. to 11:00 A.M.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.

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MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE	EFFECTIVE DATE	NUMBER
May 26, 1989	May 26, 1989	99-89-05

SUBJECT

Signature Requirements and Encounter Forms

BY

Eileen M. Schoen
Deputy Secretary for Medical Assistance

Purpose

The purpose of this bulletin is to:

1) remind providers of recipient signature requirements, and

2) clarify for providers the use of the encounter form.

Scope

This bulletin is applicable to all providers enrolled in the Medical Assistance Program.

Background

The Department's policy has always been that medical assistance invoices must have either the recipient's signature or the words "signature exception" appearing in the signature field. The signature certifies that the recipient received a medical service or item and that the recipient listed on the Medical Services Eligibility Card is the individual who received the service.

Providers who bill via continuous print forms (pin-fed), diskette, or the tape-to-tape billing mode must retain patients' signatures on file using an encounter form.

Discussion

The following may sign his or her own name on behalf of the recipient:

1. a parent
2. a legal guardian
3. a relative
4. a friend

PROVIDERS OR EMPLOYEES OF A PROVIDER DO NOT QUALIFY AS A RECIPIENT'S AGENT.

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COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
Bureau of Hospital and Outpatient Programs
P.O. Box 8046
Harrisburg, Pennsylvania 17105

OR CALL THE APPROPRIATE TOLL-FREE NUMBER FOR YOUR PROVIDER TYPE

There are some situations in which the provider is not required to obtain the recipient's signature. Those situations are:

1. When billing for inpatient hospital, short procedure unit, nursing home, or emergency room services provided by an independent physician.

2. When billing for services which are paid in part by another third party, such as Medicare or Blue Cross.

3. When billing for services provided to a recipient who is unable to sign because of a physical condition such as palsy.

4. When billing for services provided to a recipient who is physically absent, such as laboratory services, reading an X-ray, or reading an EEG, or performing case management services.

5. When resubmitting an invoice which was previously rejected.

In all of the above situations, you must print the words "SIGNATURE EXCEPTION" on the recipient's signature line of the invoice.

NOTE: Situations which do not require the recipient's signature also do not require encounter forms.

Procedure

Encounter forms may be developed by the provider and must contain the following information:

1. A certification statement: "I certify that the information shown on this invoice is true, correct, and accurate. I understand that payment and satisfaction of this claim will be from federal and state funds, and that any false claims, statements or documents, or concealment of material facts, may be prosecuted under applicable federal and state laws."

2. Provider Name and MAID Number.

3. Recipient Name and ID Number, including the Line Number.

4. Recipient's Signature, or the signature of the recipient's agent.

5. Date of Service.

You may also photocopy and use the example encounter form contained in your handbook. A separate encounter form may be used for each patient or multiple patients may sign on one form. **This form is not available on the MA 300X Reorder Form.**

Remember, however, Department regulations require that encounter forms containing the patients' signatures must be maintained on file for at least four years, independently from other medical records, and must be available for reviewing and copying by state and/or federal offices. This bulletin obsoletes Medical Assistance Bulletin 99-81-02.