

Quality Review: Common Documentation Errors in Home and Community-Based Services

The Centers for Medicare & Medicaid Services (CMS) continues to implement activities focused on reducing payment errors and fraud, waste, and abuse in the Medicaid Program. Through analysis of data produced by the Payment Error Rate Measurement program, CMS identified payment errors for Home and Community-Based Services (HCBS). CMS has developed educational materials for beneficiaries and providers to address the major causes of error.

Improper Payments for HCBS

Improper payments for HCBS may occur when Medicaid funds are paid to the wrong entity, are paid in the wrong amount, are used for services other than those identified in the person-centered plan, or are not supported by documentation or policy.

Conduct Your Own Quality Review

Most common payment errors could be reduced if providers, including those that provide direct services, conducted a simple yet effective quality review prior to submitting time sheets and related documents. Use the Quality Review Checklist to conduct a quality review of your documentation before submitting your paperwork.

Quality Review Checklist

Items to Review	Check for Yes <input checked="" type="checkbox"/>
Are you licensed or certified, or do you meet designated provider qualifications to provide the services authorized?	
Are the services provided authorized in the beneficiary's person-centered plan?	
Have the dates and times of all services provided been recorded correctly?	
Is the time-in and time-out recorded for each day that services were provided? (Were overnight shifts separated into two separate days?)	
Is there a detailed description of the services, supplies, appliances, or equipment included in the documentation?	
Is the beneficiary who received the services properly identified on each page of the documentation?	
Are all necessary signatures in place to authenticate time sheets, service logs, progress notes, and other paperwork?	
Are all units of service calculated correctly? (Remember, different services may have to be reported in different unit amounts.)	
Were the services provided authorized in the beneficiary person-centered plan?[1, 2, 3]	

Providers can play a significant role in the fight against Medicaid fraud, waste, and abuse. For further information about how you can strengthen the integrity of the Medicaid Program and reduce improper payments made for HCBS, review the toolkits available at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

Additional Resources

The items for this quality checklist are derived from Medicaid Provider Manual Sections that address documentation, recordkeeping, claims, and billing from the States of Utah, Vermont, and New Mexico. Check your State Medicaid provider manual for additional requirements.

Links to State Medicaid agency websites are available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html> on the Medicaid website.

Information about Medicaid HCBS is available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html> on the Medicaid website.

Information about payment accuracy and improper payments is available at <https://paymentaccuracy.gov/about-improper-payments> on the Internet.

To see the electronic version of this job aid and the other products included in the “Home and Community-Based Services” Toolkit, visit the Medicaid Program Integrity Education page at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

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References

- 1 Utah Division of Medicaid and Health Financing. (2015, July). Utah Medicaid Provider Manual. Section I: General Information. Part 10 Recordkeeping and Disclosure and Part 11 Billing Claims. Retrieved September 10, 2015, from <https://medicaid.utah.gov/Documents/pdfs/SECTION1.pdf>
- 2 New Mexico Human Services Department. (2004, August 13). 8.315.4.9–11 Personal Care Option Services and subsequent subsections. Retrieved September 10, 2015, from <http://www.nmcp.state.nm.us/nmregister/xv/xv15/8.315.4amend.pdf>
- 3 State of Vermont. (2015, October 1). Green Mountain Care Provider Manual. Section 3: Policies & Other Informational Resources. Retrieved October 7, 2015, from http://www.vtmedicaid.com/Downloads/manuals/New%20Consolidated%20Manual/ProvManual_Consolidated10-01-15.pdf

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