

PROVIDER BULLETIN

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PROVIDER BULLETIN

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LOSS OF MEDICAL OR BILLING RECORDS DUE TO NATURAL DISASTER

If you have medical or billing records that have been lost due to a natural disaster, the attached form, *Attestation of Medical Record Loss or Destruction* should be filled out and kept in your records, in place of the records that have been lost. This form will serve as the replacement for all records lost or destroyed to the point in time of the loss or destruction. All records after the point in time of the disaster forward must be original records maintained as in the normal course of business, under the usual documentation rules.

REQUIREMENTS:

- The Attestation form can only be used as a replacement for records that have been lost or destroyed as a result of an event which there has been a proclamation of disaster emergency by the Governor.
- The records must be located in a county covered by the disaster proclamation and must have been lost or destroyed as a result of the disaster.
- **The attestation form must be completed, signed, and dated as soon as possible after the discovery of the loss of the record.** You should complete the form as soon as possible and keep it as you would the original record.
- One attestation form must be filled out and maintained in your records for each individual MO HealthNet member for whom records have been destroyed.
- Do not send the attestation to the MO HealthNet Division.

If submitting the Attestation form as documentation in order to obtain payment of a MO HealthNet claim, the person signing the form must attest to partial or complete destruction. If records were only partially destroyed, those records that were not destroyed, and that serve as required documentation in order to obtain payment of a MO HealthNet claim, must also be submitted.

***NOTE: By signing the attestation, you are swearing under the law that the records were destroyed due to the natural disasters.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**

Attestation of Medical Record Loss or Destruction

Due to the extenuating circumstances beyond my control, documentation is not available in support of my MO HealthNet claim(s). I attest that the documentation was destroyed as a result of a disaster for which the Governor issued a Disaster Proclamation in the county where the records were located. (Complete 1 or 2 and then move on to number 3):

1. The records were completely destroyed.

Provide the date and the location of the records at the time they were destroyed:

Date destroyed: _____

Location of records at the time of destruction: _____

Or

2. The records were partially destroyed and rendered unreadable and unusable on _____ (Date) _____.

The remains of partially destroyed records were disposed of by (indicate date, method, and responsible party):

3. Short description of complete or partially destroyed records:

4. MO HealthNet Member name: _____ State ID Number _____

I certify that the above information is true, accurate, and complete.

I certify that I am an owner or an individual legally authorized to act on behalf of the owner(s) or provider(s).

Name and Title (please print)

Relationship to Provider

Signature

Date

Provider Name

Provider Billing Number

Please fill out the following **additional** information if this form is being submitted as documentation in order to obtain payment of a Medicaid claim:

I understand that payment of this claim(s) will be from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws.

Submitter MO HealthNet ID Number (if different than billing provider number): _____

Total Number of Claims Submitted with this Letter of Attestation: _____

Total Billed Charges of Claims Submitted with the Letter of Attestation: _____