



Title: Contemporaneous Documentation and Lost/Damaged Records Reporting Policy	Created Date: April 10, 2025
Reviewed/Approved By: Jen Cathy, CEO and Mary LaDuca, COO/Compliance Officer	Approval Date: April 16, 2025

Purpose

To establish standards and procedures for ensuring contemporaneous documentation of Medicaid-reimbursed services and for reporting lost or damaged records in accordance with New York State Office of the Medicaid Inspector General (OMIG) requirements.

Policy Statement

Delphi Rise is committed to accurate, timely, and complete documentation in compliance with federal and state Medicaid regulations. All documentation of services reimbursed by Medicaid must be completed contemporaneously. In the event that documentation is lost, damaged, or otherwise inaccessible, it must be reported within 30 days of discovery, per OMIG guidelines.

Scope

This policy also incorporates protections required by 42 CFR Part 2 for individuals receiving substance use disorder treatment. Any disclosure, investigation, or reporting involving SUD records must follow federal confidentiality regulations and may only be done with patient consent or as permitted by law.

This policy applies to all employees, contractors, and vendors who provide, document, or manage Medicaid-reimbursed services and medical records.

Definitions

- Contemporaneous Documentation: Entry of clinical or billing documentation at the time services are rendered or within a reasonable timeframe (no more than 24–48 hours).
- Lost or Damaged Records: Any clinical or billing records that are deleted, corrupted, inaccessible, or destroyed due to system failures, human error, or external events.
- EHR/EMR System: The electronic health or medical record system used to record, store, and retrieve patient data.

Procedures

1. Contemporaneous Documentation
 - a. Timeliness Requirement
 - All documentation of Medicaid-reimbursed services must be completed at the time of service or within 24–48 hours.
 - b. Audit Process
 - The Compliance or Health Information Management (HIM) Department will conduct quarterly audits comparing service time and documentation entry time using EHR metadata.
 - Late entries will be flagged for review and appropriate follow-up with staff or supervisors.



c. Corrective Actions

- Staff identified as repeatedly submitting late documentation will be subject to re-training or disciplinary action, as outlined in the organization's Compliance and HR policies.

2. Lost/Damaged Record Reporting

a. Internal Reporting Process

- Employees must report any suspected loss, corruption, or damage to records to the Compliance Officer or HIM Director within 24 hours of discovery.

b. Documentation of Incident

- A Lost/Damaged Records Log will be maintained with:
 - Date and time of incident
 - Description
 - Individuals involved
 - Immediate actions taken
 - Final resolution
 - Whether reported to OMIG

c. OMIG Notification

If lost/damaged records include substance use disorder treatment information protected under 42 CFR Part 2, any disclosure, including to OMIG, must comply with federal confidentiality regulations. Identifiers must be excluded unless a valid patient consent or court order is in place.

Reporting to OMIG is required when lost or damaged records affect claims submitted to Medicaid or pose a risk to patient care, and when records cannot be reconstructed or recovered.

- If applicable, the Compliance Officer will ensure the incident is reported to OMIG within 30 days of discovery, in accordance with regulatory expectations.

d. System Backups & Security

- IT and HIM shall ensure appropriate backup systems and recovery protocols are in place and tested regularly to mitigate risk.

Training

This policy shall be reviewed annually during compliance training and onboarding for all relevant staff. Documentation standards and reporting obligations will be included in routine educational initiatives.

Record Retention

All audit results, logs, and reports will be maintained for a minimum of 10 years, or as otherwise required by law or payer policy.

Enforcement

When lost or damaged records impact submitted claims, the Compliance Officer may initiate OMIG's Self-Disclosure Protocol in accordance with OMIG's guidance to avoid overpayment or potential fraud findings.

Violations of this policy may result in disciplinary action, up to and including termination, and may be reported to external agencies as required by law.