

**Title:** Contemporaneous Documentation and Lost/Damaged Records Reporting Policy

<b>Review date(s):</b> 11.14.2025	<b>Approved by:</b> Jen Cathy, CEO and Mary LaDuka, COO/Compliance Officer
<b>Revised date(s):</b> 11.14.2025	<b>Policy Owner:</b> Jennifer Cathy, President and CEO
<b>Approved Date:</b> November 14, 2025	<b>Original Effective Date:</b> April 10, 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 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. Lost, damaged, or inaccessible documentation must be reported within thirty days of discovery, consistent with OMIG expectations.

**Scope**

This policy applies to all affected individuals of Delphi Rise. Affected individuals include employees, the chief executive, senior administrators, managers, contractors, agents, subcontractors, independent contractors, members of the governing body, and corporate officers whose functions relate to, or may impact, Delphi Rise's identified compliance risk areas.

**Confidentiality Note (42 CFR Part 2 Applicability)**

This policy incorporates protections required by 42 CFR Part 2 for individuals receiving substance use disorder treatment. Any disclosure, investigation, reporting, or record review involving substance use disorder information must follow federal confidentiality regulations. Identifiable information may only be disclosed with a valid patient consent or as otherwise permitted by law, including a qualifying court order.

**Definitions**

- **Contemporaneous Documentation:** Documentation completed at the time of service or within a reasonable timeframe, not to exceed twenty four to forty eight hours.
- **Lost or Damaged Records:** Clinical or billing records that are deleted, corrupted, inaccessible, or destroyed due to system failures, human error, or external events.
- **EHR or EMR System:** The electronic health or medical record system used to record, store, and retrieve patient information.

**Procedures****1. Contemporaneous Documentation****a. Timeliness Requirement**

- All documentation for Medicaid reimbursed services must be completed at the time of service or within twenty four to forty eight hours.



- b. Audit Process
  - The Compliance or Health Information Management Department will conduct quarterly audits comparing service time and documentation entry time using EHR metadata.
  - Late entries will be flagged for review and follow up with staff or supervisors.
- c. Corrective Actions
  - Staff who repeatedly submit late documentation may be subject to retraining or disciplinary action, as outlined in the Compliance and HR policies.

## **2. Lost or Damaged Record Reporting**

- a. Internal Reporting Process
  - Employees must report suspected lost, corrupted, or damaged records to the Compliance Officer or HIM Director within twenty four hours of discovery.
- b. Documentation of Incident
  - A Lost or Damaged Records Log will include:
    - Date and time of incident
    - Description of the issue
    - Individuals involved
    - Immediate actions taken
    - Final resolution
    - Whether reported to OMIG
- c. OMIG Notification
  - If lost or damaged records include information protected under 42 CFR Part 2, any disclosure to OMIG or an external entity must comply with federal confidentiality regulations. Identifiers must not be disclosed without consent or a qualifying court order.
    - Reporting to OMIG is required when lost or damaged records affect Medicaid claims or cannot be reconstructed.
    - If applicable, the Compliance Officer will ensure reporting within thirty days of discovery.
- d. System Backups and Security
  - IT and HIM must ensure that backup systems and recovery protocols are in place and routinely tested.

### **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 retained for a minimum of ten years, or longer if required under law or payer policy.

### **Enforcement**

If lost or damaged records impact submitted claims, the Compliance Officer may initiate OMIG's Self Disclosure Protocol to address potential overpayments or program integrity concerns.



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.

**Review**

This policy will be reviewed at least annually, or sooner if required due to changes in laws, regulations, payer requirements, or organizational needs. The Compliance Officer, in collaboration with Senior Leadership, is responsible for coordinating the review and ensuring required approvals.