Title:        BSW 602  
Section:     ADMINISTRATIVE REQUIREMENTS  
Subject:     Provider Responsibilities  
Supersedes:  BSW 602 (07/01/2016)  

GENERAL RULE

All providers of BSW services must:

1. Retain records, which fully disclose the extent and nature of services provided to members and which support fees charged or payments made;
2. Keep, establish and maintain accounting records that accurately identify, classify, and summarize all Medicaid funds and monies received or disbursed by providing an adequate audit trail;
3. Accept, as payment in full, the amount paid by the Montana Medicaid program for a service or item provided to an eligible Medicaid member. Not seek any payment in addition to or in lieu of the amount paid by the Montana Medicaid program from a member or member’s representative, except as provided in ARM 37.85.406;
4. Meet requirements of the Health Insurance Portability and Accountability Act (HIPAA);
5. Make Medicaid records available for audit or review by authorized state and federal staff;
6. Retain medical and financial records, supporting documents, and all other records supporting services provided for six years and three months. If any litigation, claim, or audit is started before the end of the sixth year and three-month period, records must be retained until all litigation, claims or audit findings are resolved;
7. Be enrolled with BSW’s Fiscal Intermediary Contractor as a Medicaid provider;
8. Document and verify Medicaid eligibility on a monthly basis;
9. File reports as required by the Department;
10. Complete the quality assurance process as required by the Department;
11. Provide a grievance procedure for members;
12. Comply with the policy and procedures outlined in BSW 609 Serious Occurrence Report;
13. Report changes in provider contact information, addresses and telephone numbers in a timely manner to both the Department and BSW’s Fiscal Intermediary Contractor;
14. Comply with all other policies and procedures as outlined in this manual and the Administrative Rules of Montana;
15. Specify and follow the standards of Principles of Charting:
   a. Record pertinent psychosocial and physical manifestations, incidents, any unusual occurrences or abnormal behavior;
   b. Chart facts, what is observed, heard, smelled, and touched. Document objective statements in the record. Avoid generalizations, vague comments and opinions;
   c. Document approaches used to correct problems identified in the members plan of care;
   d. Record all instruction given to the member and/or family;
   e. Include a statement when the member is admitted and when discharged from services; and
   f. Document the method of contact; e.g., telephone, home visit and the specific people included in the contact.
16. Not accept Medicaid payment for some covered services but refuse to accept Medicaid for other
covered services once an individual has been accepted as a Medicaid member.