

Subject: Medical Recordkeeping

(Page 1 of 4)

Objective:

- I. To ensure accessibility, uniformity, and accuracy of medical information through the Tuality Health Alliance (THA) documentation of members' health conditions and requested/received healthcare services.
- II. To ensure that medical records are secured, safeguarded, and stored in accordance with applicable Oregon Revised Statutes (ORS), Oregon Administrative Rules (OAR), the Health Insurance Portability and Accountability Act (HIPAA), the Code of Federal Regulations (CFR), and all other applicable State and Federal laws.

Definition:

The medical record, whether electronic or on paper, communicates the patient's past medical treatment, past and current health status and treatment plans for future health care. Well-documented medical records facilitate communication, coordination and continuity of care and they promote efficiency and effective treatment.

Policy:

- I. THA requires medical records to be maintained in a manner that is current, detailed, and organized, and that permits effective and confidential patient/member care and quality review.
- II. *Confidentiality and Privacy*
 - a. Any records related to a THA member's individual identifiable health information or service receipt must be kept confidential and protected from unauthorized use and disclosure in a manner that is consistent with the requirements of HIPAA and ORS 179.505 through ORS 179.507, ORS 411.320, ORS 433.045(3), 42CFR Part 2, 42 CFR Part 431 (subpart F), and 45 CFR 205.50.
 - b. Providers shall not release or disclose any information concerning a THA member for any purpose not directly connected with the administration of Title XIX of the Social Security Act, except as directed by the THA member.
 - Except in an emergency, providers shall obtain written consent from the member, legal guardian, or Power of Attorney for Healthcare Decisions before releasing information. The consent shall specify the type of information to be released, the recipient of the information, and shall be copied in the member's record.
 - In an emergency, release of service information shall be limited to the extent necessary to meet the emergency information needs, and then only to those persons involved in providing emergency medical services to the member.

Subject: Medical Recordkeeping

(Page 2 of 4)

- c. A member age 14 years or older is competent to authorize or prevent disclosure of mental health and alcohol and drug treatment outpatient records until such time as the custodial parent or legal guardian becomes involved in the outpatient treatment plan in a manner consistent with the member's medical treatment requirements.
- d. Medical records are to be stored in a secure location, away from public access.
- e. Confidentiality statements will be signed by THA employees upon hire and every year thereafter. These signed statements will be kept on file.

III. *Exchange of Members' Protected Health Information for Treatment Purposes without Member Authorization*

For the purpose of treatment and quality activities, THA is allowed to share the following protected health information (PHI) without member acknowledgement or authorization. The PHI that may be disclosed, commonly found in claims or encounter reports, includes the following:

- Oregon Health Plan member name;
- Medicaid Recipient identification number;
- Performing Provider number;
- Hospital Provider name and attending practitioner name;
- Diagnosis;
- Date(s) of healthcare service;
- Service procedure code(s);
- Revenue code(s);
- Quantity of units of service provided; and
- Medications/prescription(s).

IV. *Access to Medical Records*

a. *Provider Access to Clinical Records*

- THA shall release health service information as it is requested by a provider involved in the care of the THA member within 10 working days of receiving the member-signed release.
- Mental health organizations shall assure that directly operated and subcontracted service components have access to the applicable contents of a THA member's mental health record when necessary for use in the diagnosis or treatment of that member. This access is permitted under ORS 179.505 (6).

b. *Member Access to Medical Records*

- Except as provided in ORS 179.505(9), THA Providers shall, upon request, provide the THA member access to his/her own medical record, allowing for the record to be amended or corrected and providing copies

Subject: Medical Recordkeeping

(Page 3 of 4)

within 10 working days of the request. Providers may charge the member for reasonable costs of record copies.

c. THA Access to records:

- On a periodic basis, THA staff may require access to member medical records for the purpose of quality assessment, investigating grievances and appeals, monitoring of fraud and abuse, and review of credentialing issues. On an annual basis, THA staff may require provider assistance in collecting medical record information for Division of Medical Assistance Program (DMAP) reporting.

d. Third Party Access to records:

- Upon receipt of a member's written authorization for release of information, the THA provider shall make member information available to a valid requesting third party. When copies of records are requested, the provider may charge a reasonable duplication costs.
- THA and providers shall cooperate with Health Share, DMAP, The DHS Department of Addictions and Mental Health (AMH), the Medicaid Fraud Unit, and/or the Oregon Audits Division, representatives for the purpose of audits, inspections, and examinations of members' medical and administrative records.

V. *Retention of Records*

All clinical records shall be retained for ten years after the date of service for which a claim is made. If an audit, litigation, research and evaluation action, or other action involving clinical records is initiated before the end of the seven-year retention period, the medical record must be retained until all issues arising from the action are resolved.

VI. *Medical Record Component Requirements*

- a. A medical record shall be maintained for each THA member receiving services; the record shall document all types of care needed or delivered in all settings, and whether such services are delivered during or after normal clinic hours. The medical records are required to reflect all of the information as documented and required in *THA Policy III-2*.
- b. The medical record shall include sufficient detail and clarity to permit an internal and external clinical audit to validate encounter submissions (for THA DMAP members) and to ensure that medically appropriate services are provided consistent with the documented needs of the member.

VII. *THA Record Keeping*

- a. THA maintains some records within the THA administrative offices. These records include:
 - Member names and phone numbers;

Subject: Medical Recordkeeping

(Page 4 of 4)

- Name of the member's Primary Care Provider;
- Name of the member's Mental Health Organization Provider, if available;
- Referral documentation;
- Intensive case management documentation;
- Coordination and Continuity of Care for Enrollees with Special Healthcare Needs Services documentation;
- Complaint and appeals documentation; and
- Disenrollment requests and supporting documentation.

References:

42 CFR Part 2
42 CFR Part 431 Subpart F
45 CFR 205.50
Health Share RAE Participation Agreement
OAR 410-141-0180
ORS 192.518 to 192.526
ORS 411.320
ORS 433.045 (3)
ORS 179.507
THA Policy III-2: Review of the Medical Record

Formulated:	February 1994
Reviewed:	April 1994 April 2013 September 2015
Revised:	May 1995 January 2000 March 2002 February 2006 November 2008 February 2011 March 2015 August 2017