

must be maintained in accordance with applicable state and federal laws regarding privacy and security of medical records, and protected health information.

UPHP providers are required to maintain medical record standards which:

- Facilitate record maintenance in a detailed, comprehensive manner that conforms to good professional medical practice
- Require that medical records be signed and dated
- Permit effective professional medical review and medical audit processes
- Facilitate a system for follow-up treatment
- Include written policies and procedures for the maintenance of medical records which address timeliness, accuracy of documentation and confidentiality
- Provide that records be readily accessible to permit prompt and systematic retrieval of information
- Require Medical Record retention following CMS and MDHHS guidelines

Provider medical records must include:

- History and Physicals
- Documentation of clinical findings and evaluation for each visit
- Problem/Condition list
- Allergies and adverse reactions
- Medications
- Preventive services/risk screening
- Outpatient and emergency care reports
- Inpatient discharge summaries
- Specialist referrals
- Ancillary care
- Diagnostic test findings (lab, radiology, etc.)
- Immunization records
- Prescriptions for medications

As applicable, the following are maintained in the medical record:

- Operative reports from ambulatory and outpatient centers
- Consultation reports
- Release of information forms signed by member or parent/guardian
- Advanced care directives

Providers are required to permit MDHHS and CMS personnel, or authorized agents, access to all information concerning any services that may be covered by Medicare or Medicaid. This access does not require an authorization from the beneficiary because the purpose for the disclosure is permitted under the HIPAA Privacy rule. Health plans contracting with the MDHHS must be permitted access to all information relating to services reimbursed by the health plan

When a member changes his or her provider, the former provider must forward all of the member's medical records or copies of medical records to the new provider within ten (10) working days from receipt of a written request. Providers retain member records according to MDHHS and CMS guidelines.

Procedure

Assessing Medical Records

UPHP implements a method to assess and improve medical record keeping which may include, but is not limited to, the following:

- Assess a sample of records selected for a review of HEDIS[®] measures against UPHP standards
- Assess a sample of practitioner records that did not pass HEDIS[®] or other audits
- Review a sample of medical records based on a practitioner's volume of members, past documentation deficiencies, incidental finding relative to compliance with policies and standards of practice, member complaints or to monitor for signs of fraud and abuse

Medical Record Keeping Systems Standards Review

Records selected for review are assessed relative to the medical record maintenance standards, as well as, policy and procedure requirements. The audit assesses the presence of the minimum documentation standards listed.

Performance Goals and Action Plans for Improvement

Providers must meet a performance goal of 80%. When a specific provider office does not meet this goal, an action plan for improvement is forwarded to the provider office with the noted deficiencies. When applicable, UPHP provides examples of approved medical record tools, sample policies, and/or educational resources that may improve the noted deficiencies. Annual follow up of providers with noted deficiencies are completed as necessary. In the event a provider's medical records or policy do not meet minimal standards after a second audit, the UPHP Medical Director is notified and further action is at his/her discretion.

All potential fraud and abuse issues identified during medical record assessments are reported to UPHP Compliance Officer per UPHP policy #104-021 Reporting of Fraud and Abuse.

Attachments

None

Exception to this policy may be made with the approval of the Chief Executive Officer or an authorized designee.

/// END OF POLICY & PROCEDURE ///