

Upper Peninsula Health Plan  
Policy & Procedure

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Index #: 104-043

Effective: 3/1/05

Title: Medical Record Documentation and Maintenance Standards

Scope: Compliance

Revised: 1/3/07, 11/17/08, 3/1/11, 4/11/13, 3/28/14, 8/25/15, 12/12/16, 2/11/20,  
5/10/21; 03/13/2023

Reviewed: 5/5/22, 4/6/23

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_ Title: Medical Director

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_ Title: CEO

Product Type(s):    X All Products    Medicaid    Healthy Michigan Plan  
                                 Medicare    MICHild    MI Health Link

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*Purpose*

Upper Peninsula Health Plan (UPHP) requires medical records to be maintained in a manner that is current, detailed, and organized to facilitate communication/coordination of care and support the services that were provided. UPHP has established medical record standards to ensure that network practitioners and providers are in compliance with the National Committee for Quality Assurance (NCQA), Centers for Medicare and Medicaid Services (CMS), and Michigan Department of Health and Human Services (MDHHS) requirements.

Definitions:

Practitioner: A licensed or certified professional who provides medical care or behavioral healthcare services.

Provider: An institution or organization that provides services (e.g., hospital, residential treatment center, home health agency, rehabilitation facility).

*Policy*

UPHP has established medical record standards that requires network practitioners and providers 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

Medical records must include at a minimum:

- 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:

- Consultation reports
- Release of information forms signed by member or parent/guardian
- Advanced care directives

For primary care records the following must be present:

- All services provided directly by a practitioner who provides primary care services.
- All ancillary service and diagnostic tests ordered by the practitioner.
- Reports of all diagnostic and therapeutic services for which a member was referred by a practitioner, such as
  - Home health nursing
  - Specialty physician
  - Hospital discharge
  - Physical therapy

When a member changes his or her PCP, the former PCP must forward all the member's medical records or copies of medical records to the new PCP within ten (10) working days from receipt of a written request.

UPHP network practitioners and 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 member because the purpose for the disclosure is permitted under the HIPAA Privacy rule. Health plans must be permitted access to all information relating to services reimbursed by the health plan.

Network practitioners and providers are required to have their medical records be stored securely with only authorized personnel having to records and that staff receive periodic training in member information confidentiality.

Providers retain member records according to MDHHS and CMS guidelines. Medical -records must be maintained for a minimum of 10 years from patient's last date of service.

### *Procedure*

#### *Assessing Medical Records*

UPHP assesses network practitioner and provider medical records via the following methods which include, but are not limited to the following:

- Claim audits
- Practitioner office site visits
- HEDIS ® medical record reviews
- Focused and random practitioner/provider audits
- Fraud, Waste, and Abuse tips/grievances

#### *Medical Record Standards Review*

Records that are reviewed are assessed to ensure services provided are substantiated and meeting medical record maintenance standards as outlined in this policy. During practitioner office site visits, UPHP staff assess confidentiality and storage of medical records.

#### *Performance Goals and Action Plans for Improvement*

UPHP will draft a findings letter after each audit and note any deficiencies and recoupments if services are not substantiated in the medical record. All findings will be shared with the Credentialing Department via the Cactus Case Reporting SOP, 020-1013, so such findings can be reviewed during the recredentialing process. In addition, practitioners/providers must meet a performance goal of 80%. If this goal is not met, an action plan for improvement is required and noted in the findings letter. 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. If performance issues continue, 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