



Medical Record Retention Policy

Last Reviewed: June 18, 2018

Last Revised: June 11, 2014

Policy:

All participating practitioners and facilities, including behavioral health practitioners, are required to maintain medical and billing records for all covered persons receiving covered services, in accordance with the terms and conditions of such participating practitioner's/facility's participation agreement with the health plan, including, but not limited to, the terms provided below.

Procedure:

1. The medical record includes, but is not limited to:
 - a. History and physicals
 - b. Demographics
 - c. Allergies and adverse reactions
 - d. Reports from referring practitioners
 - e. Current medication list/medication orders/reconciliation
 - f. Discharge summaries
 - g. Records of emergency care, hospital care, and medical procedures
 - h. Diagnostic reporting/preventive services and risk screening
 - i. Telephone logs
 - j. Progress records (documentation of clinical findings and evaluation for each visit)
 - k. Office notes
 - l. Flow sheets/problem lists
 - m. Immunization documentation
 - n. Advance directives
2. The medical record and personally identifiable health information is confidential as applicable to state and federal laws regarding confidentiality of medical records, including without limitation, the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
3. Records shall be maintained in accordance with prudent record keeping procedures and as required by practice standards and law.

4. Records for all covered persons must be maintained for the greater of:
 - (1) for covered persons (other than covered persons enrolled in Medicare Advantage or Medicaid Prepaid Coverage Plans or children's health program agreements between the health plan and the Centers for Medicare and Medicaid Services (CMS) (collectively, the 'Medicare Contract'), for no less than:
 - a. seven (7) years following termination,
 - b. four (4) years past the age of majority, or
 - c. seven (7) years past the date of service, whichever is longer;
 - (2) for covered persons enrolled in a Medicare Contract, for no less than ten (10) years following conclusion or termination of the applicable Medicare Contract or from the date of completion of any audit by CMS, the U.S. Department of Health and Human Services and/or the Comptroller General, whichever is later, unless
 - a. CMS has determined that there is a special need to retain a particular record or group of records for a longer period and notifies the health plan and/or participating practitioner/facility at least thirty (30) days prior to the normal disposition date;
 - b. CMS determines that there is a reasonable possibility of fraud or similar fault by the health plan or the participating practitioner/facility, in which case the retention period may be extended for six (6) years from the date of any resulting final resolution of the termination, dispute or fraud or similar fault; or
 - c. CMS determines that there is a reasonable possibility of fraud, in which case it may inspect, evaluate, and audit the health plan and/or the participating practitioner/facility at any time; and
 - (3) The time period required pursuant to applicable law.