

## 940 MEDICAL RECORDS AND COMMUNICATION OF CLINICAL INFORMATION

EFFECTIVE DATE: 10/1/2019

REFERENCES: 42 CFR 431.300 et seq

This policy applies to the Division's Administrative Services Subcontractors (AdSS).

A. The AdSS must have policies and procedures in place for use of electronic medical (care management, physical and behavioral health) records, for use of a health information exchange (including electronic Early and Periodic Screening, Diagnosis and Treatment [EPSDT] tracking forms), and for use of digital (electronic) signatures (when electronic documents are used), that include processes for:

1. Signer authentication
2. Message authentication
3. Affirmative act
4. Efficiency
5. Record review.

B. The AdSS must implement appropriate policies and procedures to ensure that the organization and its providers have information required for:

1. Effective and continuous member care through accurate medical record documentation (including electronic health records) of each member's health status, changes in health status, health care needs, and health care services provided
2. Quality review
3. Coordination of care
4. An ongoing program to monitor compliance with those policies and procedures.

If during the quality-of-care review process, or other processes, issues are identified with the quality or content of a provider's medical record, the AdSS must conduct a focused review and implement corrective actions or other remedies until the provider's medical records process meets standards specified in Division policy.

C. The AdSS must implement policies and procedures for initial and on-going monitoring of medical records for all contracted primary care physicians (PCPs), Obstetrician/Gynecologists (OB/GYNs), licensed behavioral health professionals, oral health providers, and high-volume specialists (50 or more referrals per contract year by AdSS).

1. The sample of files chosen for medical record review must reflect a

representative Statewide sample.

2. These requirements also apply to professionals employed by, or affiliated with, a contracted provider such as an Accountable Care Organization (ACO). Review of medical records must be conducted every three years.
- D. The AdSS must:
1. Conduct medical record reviews, using a standardized tool that has been reviewed by AHCCCS.
  2. Conduct medical records reviews at a minimum of every three years.
  3. Use a collaborative approach that will result in only one AHCCCS Contractor conducting the "routine" medical record review for each provider.
  4. Ensure results of the medical record review will be made available to all Contractors that contract with that provider.
  5. Ensure samples are by provider, not by provider group.
  6. Use a sample size of 30 records.
    - a. If the first eight records reviewed are 100 percent in compliance, the review stops at the eight records.
    - b. If deficiencies or variances are found in any of the first eight records reviewed, the full 30 records must be reviewed.
  7. Ensure that identified deficiencies are shared with all AHCCCS Contractors contracted with the provider.
- E. If the AdSS conducts the medical record review, the AdSS must be responsible for working with the provider on corrective actions. However, other AHCCCS Contractor input into those corrective actions may be necessary and appropriate.
1. If quality-of-care issues are identified during the medical record review process, it is expected that AHCCCS Contractors that contract with that provider be notified promptly of the results in order to conduct an independent on-site provider audit.
  2. It is also expected that the AdSS will address noted areas of non-compliance, despite a provider obtaining an overall passing score, to include subsequent follow-up measures taken and/or a corrective action plan required to address the noted deficiency.
- F. Each AdSS must implement policies and procedures that address paper and electronic health records, and the methodologies to be used by the organization to:
1. Ensure that contracted providers maintain a legible medical record (including electronic health record/medical record) for each enrolled member who has

been seen for medical or behavioral health appointments or procedures. The medical record must also contain clinical/behavioral health records from other providers who also provide care/services to the enrolled member.

2. Ensure providers, in multi-provider offices, have the treating provider sign his or her treatment notes after each appointment and/or procedure.
3. Ensure the medical record contains documentation of referrals to other providers, coordination of care activities, and transfer of care to behavioral health and other providers.
4. Make certain the medical record is legible, kept up to date, is well organized and comprehensive with sufficient detail to promote effective patient care, quality review, and identifies the treating or consulting provider. A member may have more than one medical record kept by various health care providers that have rendered services to the member. However, the PCP must maintain a comprehensive record that incorporates at least the following components:

- a. Behavioral health information when received from the behavioral health provider about an assigned member even if the provider has not yet seen the assigned member

In lieu of actually establishing a medical record, such information may be kept in an appropriately labeled file but must be associated with the member's medical record as soon as one is established.

- b. Member identification information on each page of the medical record (i.e., name or AHCCCS identification number)
- c. Documentation of identifying demographics, including the member's name, address, telephone number, AHCCCS identification number, gender, age, date of birth, marital status, next of kin, and, if applicable, guardian or authorized representative
- d. Initial history for the member that includes family medical history, social history, and preventive laboratory screenings (the initial history for members under age 21 should also include prenatal care and birth history of the member's mother while pregnant with the member)
- e. Past medical history, for all members, that includes disabilities and any previous illnesses or injuries, smoking, alcohol/substance abuse, allergies and adverse reactions to medications, hospitalizations, surgeries and emergent/urgent care received
- f. Immunization records (required for children; recommended for adult members if available)
- g. Dental history if available, and current dental needs and/or services
- h. Current problem list

- i. Current medications
- j. Documentation of review of the Controlled Substances Prescription Monitoring Program (CSPMP) database, prior to prescribing a controlled substance or another medication that is known to adversely interact with controlled substances
- k. Current and complete EPSDT forms (required for all members age 0 through 20 years)
- l. Developmental screening tools for children ages nine, 18 and 24 months
- m. Documentation, initialed by the member's provider, to signify review of diagnostic information including:
  - i. Laboratory tests and screenings
  - ii. Radiology reports
  - iii. Physical examination notes
  - iv. Other pertinent data
- n. Reports from referrals, consultations and specialists
- o. Emergency/urgent care reports
- p. Hospital discharge summaries
- q. Behavioral health referrals and services provided, if applicable, including notification of behavioral health providers, if known, when a member's health status changes or new medications are prescribed
- r. Behavioral health history and behavioral health information received from a behavioral health provider who is also treating the member
- s. Documentation as to whether or not an adult member has completed advance directives and the location of the document
- t. Documentation that the provider responds to behavioral health provider information requests within 10 business days of receiving the request

The response should include:

- i. All pertinent information, including, but not limited to, current diagnoses, medications, laboratory results, last provider visit, and recent hospitalizations
- ii. The provider's initials signifying review of member behavioral health information received from a behavioral health provider

who is also treating the member.

- u. Documentation related to requests for release of information and subsequent releases
  - v. Documentation that reflects that diagnostic, treatment and disposition information related to a specific member was transmitted to the provider including behavioral health providers, as appropriate to promote continuity of care and quality management of the member's health care.
5. Ensure that obstetric providers complete a standardized, evidence-based risk assessment tool for obstetric members (i.e. Mutual Insurance Company of Arizona [MICA] obstetric risk assessment tool or American College of Obstetricians and Gynecologists [ACOG] risk assessment tool). Also, ensure that lab screenings for members requiring obstetric care conform to ACOG guidelines.
  6. Ensure that PCPs used AHCCCS-approved developmental screening tools.
  7. Ensure each organizational provider of services (e.g., hospitals, nursing facilities, rehabilitation clinics, transportation) maintains a record of the services provided to a member that includes:
    - a. Physician or provider orders for the service
    - b. Applicable diagnostic or evaluation documentation
    - c. A plan of treatment
    - d. Periodic summary of the member's progress toward treatment goals
    - e. The date and description of service modalities provided
    - f. Signature/initials of the provider for each service.
  8. Take into consideration professional and community standards and accepted and recognized evidence-based practice guidelines.
  9. Ensure the provider has an implemented process to assess and improve the content, legibility, organization, and completeness of member health records when concerns are identified, and
  10. Require documentation in the member's record showing supervision by a licensed professional, who is authorized by the licensing authority to provide the supervision, whenever health care assistants or paraprofessionals provide services.
    - a. Medical records may be documented on paper or in an electronic format.

- b. If records are documented on paper, they must be written legibly in blue or black ink, signed, and dated for each entry. Electronic format records must also include the name of the provider who made the entry and the date for each entry.
  - c. If records are physically altered, the person altering the record must identify stricken information as an error, initial, and enter the date on which the change is made; correction fluid or tape is not allowed.
  - d. If information is kept in an electronic file, the provider must establish a method of indicating the initiator of information and a means to assure that information is not altered inadvertently.
  - e. If revisions to information are made, a system must be in place to track when, and by whom, they are made. In addition, a backup system including initial and revised information must be maintained.
  - f. Medical record requirements are applicable to both hard copy and electronic medical records. The AdSS may go on site to review the records electronically or use a secure process to review electronic files received from the provider when concerns are identified.
- G. The AdSS must have written policies and procedures addressing appropriate and confidential exchange of member information among providers, including behavioral health providers, and must conduct reviews to verify that:
- 1. A provider making a referral transmits necessary information to the provider receiving the referral.
  - 2. A provider furnishing a referral service reports appropriate information to the referring provider.
  - 3. Providers request information from other treating providers as necessary to provide appropriate and timely care.
  - 4. Information about services provided to a member by a non-network provider (e.g., emergency services) is transmitted to the member's Primary Care Provider (PCP).
  - 5. Member records are transferred to the new provider in a timely manner that ensures continuity of care when a member chooses a new PCP.
  - 6. Member information is shared, when a member subsequently enrolls with a new AdSS, in a manner that maintains confidentiality while promoting continuity of care.
  - 7. Member information is shared timely with behavioral health providers for members with ongoing care needs or changes in health status.
  - 8. Information from, or copies of, records may be released only to authorized individuals, and the AdSS must implement a process to ensure that

unauthorized individuals cannot gain access to, or alter, member records.

9. Original and/or copies of medical records must be released only in accordance with Federal or State laws, Division and AHCCCS policy and contracts. AdSS must comply with the Health Insurance Portability and Accountability Act (HIPAA) requirements and 42 CFR 431.300 et seq.
- H. The AdSS must participate/cooperate in State of Arizona and Division and AHCCCS activities related to the development and implementation of electronic health records and e-prescribing. Electronic EPSDT tracking forms must include all elements of the EPSDT tracking forms approved by AHCCCS.
- I. The AdSS may request approval to discontinue conducting medical record reviews. Prior to receiving approval to discontinue the medical record review process, the AdSS must:
1. Conduct a comprehensive review of its use of the medical record review process and how it is used to document compliance with AHCCCS requirements such as EPSDT, family planning, maternity and behavioral health services.
  2. Document what processes will be used, in place of the medical record review process, to ensure compliance with requirements in this policy.
  3. Submit the process that the AdSS will use to ensure provider compliance with medical record requirements set forth in this policy to the Division, prior to discontinuing the medical record review process.