940 MEDICAL RECORDS AND COMMUNICATION OF CLINICAL INFORMATION

REVISION DATE: XX/XX/XXXX, 9/6/2023, 5/24/2021, 12/23/2020
REVIEW DATE: 9/6/2023
EFFECTIVE DATE: October 01, 2019
REFERENCES: AMPM Policy 710, A.R.S. §13-3620, A.A.C. R9-10, 9 A.A.C. 22, Article 5, 45 CFR 160, 162, and 164, 42 CFR Part 2, 2.1 – 2.67, 42 CFR 431.300 et seq, 42 CFR 438.100(a)(1), 42 CFR 438.100(b)(2)(vi), 45 CFR 431, 42 U.S.C. §290 dd-2.

PURPOSE

~~This policy applies to the Division of Developmental Disabilities' (Division) Administrative Services Subcontractors (AdSS).~~ This policy establishes the Administrative Services Subcontractors (AdSS) requirements for protection of Member information, documentation requirements for Member physical and behavioral health records, and specifies record review requirements including the use of Electronic Health Records (EHR) and external health information systems.

DEFINITIONS

1. "Adult Recovery Team~~s~~" or "ART~~s~~" means a~~A~~ group of individuals that, following the Nine Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems, work in

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28 collaboration and are actively involved in a Member's
29 assessment, service planning, and service delivery made up of
30 the following people:
31 a. The Member;
32 b. The Member's Health Care Decision Maker (HCDM) if one is
33 in place;
34 c. Any assigned advocates;
35 d. A qualified behavioral health representative; and
36 e. Other individuals identified by the Member or HCDM such
37 as the Member's family, physical health, behavioral health
38 or social service providers, other agencies serving the
39 Member, and professionals representing various areas of
40 expertise related to the Member's needs.
41 2. "Arizona Association of Health Plans" or "AzAHP" means an
42 organization dedicated to working with elected officials, AHCCCS
43 Health Care Plans, health care providers, and consumers to keep
44 quality health care available and affordable for all Arizonans.
45 AzAHP is involved in administration of the chart audit process for

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physical health plan sites and they collaborate with the contractors with regard to the behavioral health chart audit process.

3. “Child and Family Team~~s~~” or “CFT~~s~~” -means a group of individuals made up of the following people:
   a. The child and their family, or HCDM;
   b. A behavioral health representative; and
   c. Any individuals important in the child’s life that are identified and invited to participate by the child and family.
4. “Designated Record Set” or “DRS” means a group of records maintained by the Provider that contain the following:
   a. Medical and billing records maintained by a Provider;
   b. Case and medical management records; or
   c. Any other records used by the Provider to make medical decisions about the Member.
5. “Health Information Exchange” or “HIE” means the secure sharing of patient health information among authorized Providers.

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64 a. HIE is a process or action that can be facilitated by an HIO.
65 b. Health information exchange can also include the secure
66 sharing of patient health information directly between
67 Providers.
68 6. "Health Information Organization" or "HIO" means an entity that
69 facilitates the secure exchange of electronic patient health
70 information between participating Providers.
71 7. "Medical Records" means all communications related to a
72 patient's physical or mental health or condition that are recorded
73 in any form or medium and that are maintained for purposes of
74 evaluation or treatment, including records that are prepared by a
75 health care provider or by other providers, in both hard copy and
76 electronic form. Records do not include materials that are
77 prepared in connection with utilization review, peer review or
78 quality assurance activities as specified in A.R.S. § 122291.
79 8. "Member" means the same as "Client" prescribed in A.R.S. §
80 36.551.

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81 9. "Multi-Specialty Interdisciplinary Clinic" or "MSIC" means an
82 established facility where specialists from multiple specialties
83 meet with Members and their families for the purpose of
84 providing interdisciplinary services to treat Members.
85 10. "Provider" means any individual or entity contracted with the
86 AdSS that is engaged in the delivery of services, or ordering or
87 referring for those services, and is legally authorized to do so by
88 the State.
89 11. "Responsible Person" means the parent or guardian of a minor
90 with a developmental disability, the guardian of an adult with a
91 developmental disability or an adult with a developmental
92 disability who is a member or an applicant for whom no guardian
93 has been appointed.

94 **POLICY**

95 **A. GENERAL REQUIREMENTS**

96 1. The AdSS shall require all AHCCCS registered Providers to
97 maintain comprehensive documentation related to care and
98 services provided to Members.

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99 2. The AdSS shall ensure, via regular monitoring activities, that
100 documentation completed and maintained by the Providers
101 meets the requirements specified in this policy.

102 **B. MEDICAL RECORDS REQUEST**

103 1. The AdSS shall require Providers to maintain the following in
104 their Medical Records:
105 a. Up to date, well organized and comprehensive
106 documentation, with sufficient detail to promote effective
107 Member care and ease of quality review; and
108 ~~a.~~b. Medical Records are available to individuals authorized
109 according to policies and procedures as permitted by law. ~~.~~
110 2. The AdSS shall require Providers who distribute information
111 electronically indicate the information is available in paper
112 format upon request and include:~~Documentation of the following~~
113 ~~identifying demographics~~:
114 a. Identifying demographics including:
115 i. The Member's name,
116 ii. Address,

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117 iii. Telephone number,
118 iv. Arizona Health Care Cost Containment System
119 (AHCCCS) identification number,
120 v. Gender,
121 vi. Age,
122 vii. Date of bBirth (DOB),
123 viii. Marital status,
124 ix. Next of kin, and
125 x. Responsible PersonParent, guardian, or healthcare
126 decision maker, if applicable.
127 b. The following Member identification information on the first
128 page of the Medical Record:
129 i. Member name,
130 ii. Member AHCCCS identification (ID), and
131 iii. Member DOB.
132 c. Member name and either AHCCCS ID or Member DOB on
133 the subsequent pages of the Medical Record;.
134 d. The following past medical history:

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i. Disabilities,

ii. Any previous illness or injuries,

iii. Smoking,

iv. Alcohol or ~~/~~substance use,

v. Allergies,

vi. Adverse reactions to medications,

vii. Hospitalizations,

viii. Surgeries,

ix. Emergent or ~~/~~urgent care received, and

x. Immunization records.~~: required for children, recommended for adult Members if available.~~

2. The AdSS shall require Providers to do the following regarding Medical Records:

a. Paper format ~~Hard copy~~ Medical Records be written legibly in blue or black ink, signed, and dated by the rendering Provider for each entry;~~.~~

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151 b. Electronic format Medical Records contain the name of the
152 Provider who made the entry and the date and time for
153 each entry as specified in A.A.C. R9-10-1009;.
154 c. When telemedicine is conducted, records clearly identify
155 that the visit is a telemedicine visit;
156 c.d. If revisions to information are made to address errors,
157 needed updates, or any other type of revision, a system is
158 in place to track when and by whom the revisions are
159 made;.
160 d.e. That a A back-up system is maintained that tracks initial
161 and revised information;.
162 e.f. That if a If a Medical Record is physically altered:
163 i. The revised or stricken information be identified as a
164 correction and initialed by the rendering Provider
165 altering the record, along with the date when the
166 change was made;
167 ii. That cCorrection fluid or tape is not used;

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168 iii. If Medical Records are kept in an electronic file, the
169 Provider establish a method for indicating the
170 author,; date,; and time of added and revised
171 information; and
172 iv. Ensure that information is not inadvertently altered.
173 g. Identify the treating or consulting Provider as a Member
174 may have more than one medical record kept by various
175 physical or behavioral health care providers that have
176 rendered services;
177 f.h. That Providers in multi-Provider offices have the treating
178 Provider sign their treatment notes after each appointment
179 and procedure and occurs r as close to the actual entry of
180 treatment notes as possible, based on either professional
181 standards of care or requirements specified within A.A.C.
182 R9-10; and.
183 g.i. That eEvidence of the use of the Controlled Substances
184 Prescription Monitoring Program (CSPMP) database prior to
185 prescribing a controlled substance or another medication

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186 that is known to adversely interact with controlled
187 substances. ~~is documented in the Medical Record.~~
188 3. The AdSS shall require ~~the~~ Providers to document the following
189 coordination of care activities ~~when they occur~~:
190 a. Referrals to other Providers;
191 b. Transmission of the diagnostic, treatment and disposition
192 information related to a specific Member to the requesting
193 Provider, as appropriate to promote continuity of care and
194 quality management of the Member's health care;
195 c. Reports from referrals, consultations, and specialists for
196 behavioral and physical health, as applicable;
197 d. Emergency and urgent care reports;
198 e. Hospital discharge summaries;
199 f. Transfer of care to other Providers;
200 g. Any notification when a Member's health status changes or
201 new medications are prescribed;
202 h. Legal documentation that includes:

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i. Documentation related to requests for release of information and subsequent releases;~~,~~

ii. Documentation of a Health Care Power of Attorney or documentation authorizing a Responsible Person ~~Health Care Decision Maker~~, and

iii. Copies of any Advance Directives or Mental Health Care Power of Attorney as follows:

a) Documentation that the adult Member was provided the information on Advance Directives and whether an Advance Directive was executed, as specified in AMPM~~AdSS Medical Policy~~ 640;

b) Documentation of general and informed consent to treatment, as specified in AMPM~~AdSS Medical Policy~~ 320-Q; and

c) Authorization to disclose information.

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219 4. The AdSS shall refer to AMPM Policy 710 for Medical Record
220 information regarding Members who receive Medicaid direct
221 services through their school system.

222 **C. ~~PRIMARY CARE PROVIDERS~~ PHYSICAL HEALTH MEDICAL**
223 **RECORD REQUIREMENTS**

224 1. The AdSS shall require any Provider delivering primary care
225 services to a Member and acting as their Primary Care Provider
226 (PCP) to maintain a comprehensive record that incorporates the
227 following components:
228 a. Initial history and comprehensive physical examination
229 findings for the Member that includes family medical
230 history, social history and preventive laboratory
231 screenings;~~.~~
232 b. For Members under age 21, the initial history of prenatal
233 care and birth history of the Member's mother while
234 pregnant with the Member, if known;
235 c. Documentation of any requests for forwarding of
236 behavioral health and other Medical Record information;

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237 d. Behavioral health history and information received from a
238 TRBHA or other Provider involved with the Member's
239 behavioral health care that includes documentation to
240 verify that request for records was completed;
241 ~~d.~~e. Behavioral health history and information received from an
242 AHCCCS Contractor, TRBHA, or other Provider involved
243 with the Member's behavioral health care, even if the
244 Provider has not yet seen the assigned Member;
245 ~~e.~~f. If the Provider has not yet seen the assigned Member,
246 Medical information detailed in this subsection may be kept
247 in an appropriately labeled file until associated with the
248 Member's Medical Record as soon as the Medical Record is
249 established;
250 ~~f.~~g. Documentation, initialed by the Provider, to signify review
251 of the following diagnostic information:
252 i. Laboratory tests and screenings,
253 ii. Radiology reports,
254 iii. Physical examination notes,

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255 iv. Medications,

256 v. Last Provider visit,

257 vi. Recent hospitalizations, and

258 vii. Other pertinent data to the Member's health

259 conditions.;

260 g. h. Evidence that PCPs are utilizing and retaining AHCCCS

261 approved developmental screening tools and conducting

262 developmental and Autism Spectrum Disorder (ASD)

263 screenings at required ages, as specified in AMPM Policy

264 430;

265 h. i. Current and complete Early and Periodic Screening,

266 Diagnostic, and Treatment (EPSDT) Clinical Sample

267 Templates Tracking forms or an equivalent including, at

268 minimum all data elements on the EPSDT Clinical Sample

269 TemplateTracking Form for all Members aged zero through

270 20 years.:

271 i. All Members age 0 through 20 years;

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272 ~~ii.~~ ~~Developmental screening tools for children ages~~
273 ~~nine, 18, and 24 months;~~
274 ~~iii.~~ ~~Dental history if available, and current dental needs~~
275 ~~and services;~~
276 ~~iv.~~ ~~Current problem list;~~
277 ~~v.~~ ~~Current medications list;~~
278 ~~vi.~~i. ~~Documentation to reflect review of the CSPMP~~
279 ~~database prior to prescribing a controlled substance~~
280 ~~or another medication that is known to adversely~~
281 ~~interact with controlled substances; and~~
282 j. Evidence that obstetric Providers complete a standardized,
283 evidence-based risk assessment tool for obstetric Members
284 as detailed in AdSS Medical Policy 410; and~~.~~
285 ~~j.~~k. Documentation to reflect maternity care providers screen
286 all pregnant Members once a trimester through use of the
287 CSPMP database.
288 **D. BEHAVIORAL HEALTH MEDICAL RECORD REQUIREMENTS**

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289 The AdSS shall require the following elements to be included in all
290 behavioral health Medical Records:

291 a. Initial behavioral health evaluation containing the following:

292 i. Documentation of the Member's choice for receipt of the
293 Member Handbook, either paper format ~~hard copy~~ or
294 electronic format;

295 ii. Receipt of Notice of Privacy Practice;

296 iii. Contact information for the Member's PCP; and

297 iv. Financial documentation for Non-Title XIX/XXI Members
298 receiving behavioral health services, as outlined in AMPM
299 Policy 650 occurring at the following:

300 a) At the initial evaluation appointment,

301 b) When the Member has had a significant change in
302 their income, and

303 c) At least annually.

304 b. Behavioral health assessment documentation consisting of:

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i. Documentation of all information collected in the behavioral health assessment and any applicable addenda and required demographic information;

ii. Diagnostic information including psychiatric, psychological, and physical health evaluations;

iii. ~~Evaluation of the need for reporting~~ Documentation to reflect appropriate follow-up for duty to report, as required under A.R.S. §13-3620 and AMPM 961;

iv. Copies of documentation related to the need for special assistance, if applicable, as detailed in AMPM~~AdSS Medical Policy~~ 320-R; and

v. An English version of the behavioral health assessment, Service Plan, and Treatment Plan, when applicable, if the documents are completed in any language other than English.

c. Service Plan documentation that contains:

i. The Member's Service Plan or Treatment Plan, as applicable;

323 ii. CFT documentation, based on Member's age (0 to 18 or up
324 to 21 should Member choose to continue with Child &
325 Family team after turning 18); and
326 iii. ARTs documentation for adults 18 and older. ; and
327 iv. Progress Reports, Service Plans, or Treatment Plans from
328 all other Providers, as applicable.
329 d. General clinical information that include:
330 i. Supplemental CFT or ART documentation and updates; and
331 ii. Additional assessment or screening documentation that
332 provides further evidence to ensure Member's needs are
333 being identified through either standardized assessment or
334 screening tools.
335 e. Additional service plans from other entities involved with the
336 Member that include:
337 i. Service or treatment plans from other providers,
338 ii. Person Centered Service Plans (PCSP)s;
339 iii. Individual Education Plan (IEP) from Arizona Department
340 of Education; and

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341 iv. Service plans from Arizona Department of Corrections
342 (ADOC), or Arizona Department of Juvenile Corrections
343 (ADJC).
344 ~~d.~~f. Progress note documentation that includes:
345 i. Documentation of the type of services provided;
346 ii. The diagnosis, containing an indicator that identifies
347 whether the progress note is for a new diagnosis or the
348 continuation of a previous diagnosis;
349 iii. The progress note diagnosis code, if applicable;
350 iv. The date the service was delivered;
351 v. The date and time the progress note was signed;
352 vi. The signature of the staff that provided the service,
353 including the staff Member's credentials;
354 vii. Duration of the service (time increments);
355 viii. A description of what occurred during the provision of the
356 service related to the Member's Service Plan;
357 ix. Documentation of the need for the involvement of multiple
358 Providers, including the name and roles of each Provider

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359 involved in the delivery of services, in the event that more
360 than one Provider simultaneously provides the same
361 service to a Member; and
362 x. The Member's response to service.
363 g. Documentation in the case file for the processing of an appeal;
364 including Tthe Notice of Extension (NOE) and any other
365 documentation used for the processing of any applicable appeal;
366 that was sent to the Member orand their Responsible
367 Person.legal guardian or authorized representative.
368 e.h. Progress reports, service plans, or treatment plans from all other
369 service providers, as applicable.
370 **E. REQUIREMENTS FOR POLICIES AND PROCEDURES FOR**
371 **ENSURING MEDICAL RECORD CONTENT**
372 1. The AdSS shall implement and maintain policies and procedures
373 that address internal protection of oral, written, and electronic
374 information across the organization to ensure that Providers
375 have information required to monitor effective and continuous
376 physical and behavioral health care for Members through

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377 accurate Medical Record documentation regardless of whether
378 records are ~~hard copy~~ paper or electronic format via:
379 a. Onsite or electronic quality review;
380 b. Initial and on-going monitoring of Medical Records;
381 c. Review of health status, changes in health status, health
382 care needs, and services provided;
383 d. Review of coordination of care activities with other treating
384 Providers, State agencies and entities involved in Member
385 care and service delivery;
386 e. Maintenance of a legible Medical Record for each Member
387 who has been seen for physical and behavioral health
388 appointments and procedures;
389 f. The Medical Record shall also contain clinical records from
390 other Providers who also provide care or services to the
391 Member; and
392 g. Medical Record requirements for paper format~~hard copy~~
393 and electronic Medical Records.

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394 2. The AdSS shall have policies and procedures in place for the use
395 of electronic physical and behavioral health Medical Records and
396 for Health Information Exchange (HIE) via the State's Health
397 Information Organization (HIO) and digital signatures.
398 ~~2.~~3. The AdSS shall ensure policies and procedures ~~that~~ meet federal
399 and state requirements including those related to security and
400 privacy in accordance with 45 CFR 160, 162, and 164, 45 CFR
401 43142 CFR 431.300 et seq., and Medicaid Information
402 Technology Architecture (MITA) ~~for the use of electronic Medical~~
403 ~~Records and for HIE via the state's HIO and digital (electronic)~~
404 ~~signatures~~ that contain the following elements:
405 a. Signer authentication;
406 b. Message authentication;
407 c. Affirmative act ~~(i.e. an approval function such as a~~
408 ~~signature which establishes the sense of having legally~~
409 ~~consummated a transaction)~~;
410 d. Efficiency; and
411 e. Medical Record review.

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412 ~~3.~~4. The AdSS shall implement policies and procedures that:

413 a. Support Members' rights to request and receive a copy of
414 their Medical Record at no cost and to request that the
415 Medical Record be amended or corrected;

416 b. Require~~Ensure~~ information from or copies of Medical
417 Records are released only to the Member or their Health
418 Care Decision Maker.

419 c. Require~~Ensure~~ that unauthorized individuals cannot gain
420 access to, or alter Member Medical Records; and

421 d. Require~~Ensure~~ Medical Records are maintained in a secure
422 manner that maintains the integrity, accuracy, and
423 confidentiality of Member medical information.

424 ~~4.~~5. The AdSS shall have written policies and procedures addressing
425 appropriate and confidential exchange of Member information
426 among Providers.

427 ~~5.~~6. The AdSS shall conduct reviews of Provider's policies and
428 procedures to verify that they contain the following
429 requirements:

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430 a. A Provider making a referral are to transmit necessary
431 information to the Provider receiving the referral;,
432 b. A Provider furnishing a referral service reports appropriate
433 information to the referring Provider;,
434 c. Providers request information from other treating Providers
435 as necessary to provide appropriate and timely care;, and
436 d. Information about services provided to a Member by a
437 non-network Provider is transmitted to the Member's
438 Provider;.
439 e. Medical Records are transferred to the new Provider in a
440 timely manner towithin 10 business days from receipt of
441 the request for transfer of Medical Records to ensure
442 continuity of care when a Member chooses a new Provider
443 or treating behavioral health Provider that is maintaining
444 primary responsibility for coordinating the Member's care;
445 e.f. Medical Records or copies of Medical Records are
446 forwarded to the new PCP treating behavioral health
447 Provider or entity involved in the Member's care, within 10

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business days from receipt of the request for transfer of the Medical Records; and

~~f.~~g. Member information is shared when a Member enrolls with a new AdSS, in a manner that maintains confidentiality while promoting continuity of care.

F. METHODOLOGY FOR CONDUCTING MEDICAL RECORD REVIEWS ~~PROCESS~~

1. The AdSS shall ensure~~require~~ that the Medical Record audit process includes the Ambulatory Medical Record Review (AMRR) and the Behavioral Health Clinical Chart Audit (BHCCA).
2. The AdSS shall ~~may, if they choose,~~ utilize the AzAHP if they choose to conduct Medical Record review and other Provider documentation review processes.
3. The AdSS shall utilize the following methodology when conducting a Medical Record review of Providers:
   a. Medical Record reviews using a standardized tool that has been reviewed by the Division;~~.~~
   b. An audit of Providers that serve as the PCP to include:

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466 i. Pediatricians,

467 ii. Internists, and

468 a.iii. Obstetricians/Gynecologists (OB/GYNs).

469 b.c. Review the following physical health records:

470 i. EPSDT,

471 ii. Family planning, and

472 iii. Maternity components not otherwise monitored for

473 Provider compliance by the AdSS.

474 c.d. Review the following elements of behavioral health Medical

475 Records:

476 i. Assessments; and

477 ii.i. Service and treatment planning.

478 i. Evidence of coordination and collaboration with other

479 providers or community stakeholder agencies;

480 ii. Evidence of assisting the member with identification

481 of Social Determinants of Health (SDOH) or Health

482 Related Social Needs (HRSN),

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483 ~~i.~~iii. ~~Ensure i~~Individual elements that delineate which
484 requirements pertain to:
485 a) The unique needs of individual lines of
486 business,
487 b) The following special populations:
488 1) General Mental Health/Substance Use
489 (GMH/SU),
490 ~~1)~~2) Serious Emotional Disturbance (SED),
491 ~~2)~~3) Serious Mental Illness (SMI),
492 ~~3)~~4) Special Health Care Needs (SHCN),
493 ~~4)~~5) Comprehensive Health Plan (CHP), or
494 ~~5)~~6) Individuals receiving services under
495 DDD.
496 e. Review to ensure Medical Record reviews are required to
497 occur according to the following schedule:
498 i. At a minimum of every three years for physical
499 health charts; and
500 ii. Yearly for behavioral health charts.

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501 f. Use of a collaborative approach across AHCCCS contractors
502 including the use of an AHCCCS approved consultant;
503 ~~f.~~g. Use of AdSS staff with the appropriate licensure and
504 experience necessary for completion of either clinical
505 charts for behavioral health services or physical health
506 services to conduct the Medical Record reviews;~~.~~
507 ~~i. The AdSS shall utilize licensed behavioral health~~
508 ~~professionals (BHPs) or behavioral health technicians~~
509 ~~(BHTs) with a minimum of three years' experience as~~
510 ~~a BHT and under the supervision of a BHP for~~
511 ~~behavioral health clinical chart audits; and~~
512 ~~ii.~~i. ~~The AdSS shall utilize a registered nurse (RN) or a~~
513 ~~licensed practical nurse (LPN) with current licensure~~
514 ~~under the Arizona State Board of Nursing for AMRR~~
515 ~~audits.~~
516 h. Deficiencies identified are shared with all health plans
517 contracted with the Provider;

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518 i. Notification is given within 24 hours in order to conduct an
519 independent onsite Provider audit if quality of care issues
520 are identified during the Medical Record review process;
521 ~~g.~~j. ~~The AdSS shall make available the results of the Medical~~
522 ~~Record review to all contractors who utilize a consultant~~
523 ~~such as AzAHP, or in instances when multiple contractors~~
524 ~~share the same Provider for this process.~~
525 ~~h.~~k. ~~The AdSS shall share the deficiencies identified during a~~
526 ~~Medical Record review with all health plans contracted with~~
527 ~~the Provider.~~
528 ~~i.~~l. ~~If quality of care issues are identified during the Medical~~
529 ~~Record review process, the AdSS shall notify all~~
530 ~~contractors which contract with the identified Provide,~~
531 ~~within 24 hours of identification of the quality of care issue~~
532 ~~with specifics concerning the quality of care issue.~~
533 j. If the AdSS requests approval from the Division to
534 discontinue conducting the Medical Record reviews, the
535 AdSS shall do the following prior to making the request:

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536 i. Conduct a comprehensive review the use of the
537 Medical Record review process and how the process
538 is used to document compliance with the Division
539 and AHCCCS requirements;
540 ii. Document what processes will be used in place of
541 the Medical Record review process to ensure
542 compliance with the Division and AHCCCS
543 requirements; and
544 iii. Submit the process the AdSS will utilize to ensure
545 Provider compliance with the Division and AHCCCS
546 Medical Record requirements to the AHCCCS/Quality
547 Management/Clinical Quality Management
548 Administrator prior to discontinuing the Medical
549 Record review process.
550 4. The AdSS shall include all PCPs that serve Members less than 21
551 years of age and obstetricians/gynecologists in the AMRR
552 process.

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553 a. The AdSS shall review eight charts per practitioner and include
554 the requirements specified in contract as a part of the AMRR.
555 5. The AdSS shall include in the behavioral health Medical Record
556 review process:
557 a. Behavioral Health Outpatient Clinics, and
558 b. Integrated Care (I/C) facilities, andfacilitiesHealth Homes
559 and Federally Qualified Healthcare Centers (FQHCs) if they
560 provide both behavioral health and physical health care.
561 b.c. Other Provider types as specified by AHCCCS.
562 6. The AdSS shall require health plans utilize a reporting template,
563 developed and approved by AHCCCS.
564 6.7. The AdSS shall follow the medical review process for behavioral
565 health records as specified in contract.
566 7.8. For changes in methodology or sampling, the AdSS shall submit
567 to the Division and AHCCCS in advance for approval as specified
568 in the contract.
569 **G. MULTI-SPECIALTY INTEGRATED CLINIC**

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570 1. The AdSS shall implement written policies and procedures to
571 require that MSICs have an integrated electronic Medical Record
572 for each Member that is served through the MSIC.
573 2. The AdSS shall require the MSIC's integrated electronic Medical
574 Record:
575 a. Be available, electronically through the HIE, for the multi-
576 specialty treatment team and community Providers;
577 b. Contains all information necessary to facilitate the
578 coordination and quality of care delivered by multiple
579 Providers in multiple locations at varying times; and
580 c. ~~For care coordination purposes, is~~ Be shared with other
581 care Providers, such as the multi-specialty interdisciplinary
582 team.
583 **H. COMMUNITY SERVICE AGENCY, THERAPEUTIC FOSTER CARE**
584 **PROVIDERS, AND HABILITATION PROVIDER REQUIREMENTS**
585 1. **The AdSS shall require that the Medical Records conform**
586 **to the following standards** ~~F~~for Community Service Agencies
587 (CSAs), Therapeutic Foster Care (TFC) Providers, and

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588 Habilitation Providers:~~, the AdSS shall require that the Medical~~
589 ~~Records conform to the following standards~~:

590 a. Each record entry be:

591 i. Dated and signed with credentials noted;

592 ii. Legible text, written in blue or black ink, or
593 typewritten; and

594 iii. Factual and correct.

595 2. If Medical Records are kept in more than one location, the AdSS
596 shall require the agency or Provider to:

597 a. Maintain documentation specifying the location of the
598 Medical Records;

599 b. Maintain a Medical Record of the services delivered to each
600 Member; and

601 c. Meet the following requirement for each Member's Medical
602 Record:

603 i. The service provided and the time increment;

604 ii. Signature and the date the service was provided;

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iii. The name, title, and credentials of the professional providing the service;

iv. The Member's DOB~~Date of Birth~~ and AHCCCS ID ~~identification~~ number;

v. Documentation that services are reflected in the Member's Service Plan or Treatment Plan, as applicable;

vi. Maintain a copy of theMember's Service Plan or Treatment Plan, as applicable, in the Member's Medical Record; and

vii. Maintain a monthly summary of service documentation progress toward treatment goals.

d. ~~The AdSS shall require Providers to transmit a summary of the m~~Monthly summary of service documentation progress toward treatment goals to the Member's clinical team for inclusion in the ~~comprehensive~~ Medical Record.

I. DESIGNATED RECORD SET

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622 1. The AdSS shall treat the Designated Record Set (DRS) as the
623 property of the Provider who generates the DRS.
624 2. The AdSS shall require that Providers allow Members to:
625 a. Review, request, and annually receive a copy, free of
626 charge, of those portions of the DRS generated by the
627 Provider;
628 b. Request that specific Provider information is amended or
629 corrected; and
630 c. Not review, request, amend, correct, or receive a copy of
631 the portions of the DRS that are prohibited from view
632 under Health Insurance Portability and Accountability Act
633 (HIPAA).
634 3. The AdSS shall ensure electronic information to Members is
635 available upon request as specified in contract.
636 ~~3.~~4. The AdSS shall provide sufficient copies of records necessary for
637 administrative purposes to the Division or AHCCCS free of
638 charge for purposes relating to treatment, payment, or health
639 care operations.

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640 4.5. The AdSS shall not require the PCP to obtain written approval
641 from the Member when:
642 a. Transmitting Medical Records to a Provider when services
643 are rendered to the Member through referral to an AdSS
644 subcontracted Provider;,
645 b. Sharing treatment or diagnostic information with the entity
646 or entities responsible for or directly providing behavioral
647 health services as specified in A.R.S. § 36-509;, or
648 c. Sharing Medical Records with the Member's AdSS.
649 6. The AdSS shall require a release of information from the
650 MeEmber when records are subject to Confidentiality of
651 Substance Use Disorder Patient Records.
652 5.7. The AdSS shall require AHCCCS-registered Providers to forward
653 Medical Records or copies of Medical Record information related
654 to a Member to the Member's PCP within 10 business days from
655 receipt of a request from the Member or the Member's PCP.

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6.8. The AdSS shall provide access to the Division or AHCCCS to all Medical Records, whether electronic or paper formathard copy, within 20 business days of receipt of a request.

7.9. The AdSS shall release information related to fraud, waste, or abuse against the AHCCCS program to authorized officials in compliance with Federal and State statutes and rules.

8.10. The AdSS shall demonstrate evidence of professional and community standards and accepted and recognized evidence-based practice guidelines as specified in AMPMe Division Medical Manual Chapter 500.

9.11. The AdSS shall require the Provider to have an implemented process to assess and improve the content, legibility, organization, and completeness of Medical Records when concerns are identified with the Providers Medical Records.

10.12. The AdSS shall require documentation in the Medical Record showing supervision by a licensed professional, who is authorized by the licensing authority to provide the supervision,

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673 whenever health care assistants or paraprofessionals provide
674 services.

675 **J. LEGAL REQUIREMENTS FOR RECORD MAINTENANCE**

676 1. **The AdSS** ~~Consistent with 9 A.A.C. 22, Article 5, the AdSS,~~
677 ~~Providers, and non-contracted entities providing services to~~
678 ~~Members~~ shall safeguard the privacy of Medical Records and
679 information about Members who request or receive services from
680 AHCCCS or its contractors consistent with 9 A.A.C. 22, Article 5.
681 ~~1.~~2. The AdSS shall require Providers to safeguard the privacy of
682 Medical Records and information about Members who request or
683 receive services from AHCCCS or its contractors consistent with
684 9 A.A.C. 22, Article 5
685 ~~2.~~3. The AdSS shall require that the content of any Medical Record be
686 disclosed in accordance with the prior written consent of the
687 Member with respect to whom such record is maintained as
688 allowed under regulations prescribed pursuant to 42 U.S.C. §290
689 dd-2, 42 CFR Part 2, 2.1 – 2.67.

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690 3.4. The AdSS shall release original and copies of Medical Records
691 only in accordance with Federal or State laws, and AHCCCS and
692 Division policy and contracts.
693 4.5. The AdSS shall comply with Health Insurance Portability and
694 Accountability Act (HIPAA) requirements and 42 CFR
695 431.300 et seq.
696 5.6. The AdSS shall align the Medical Records retention processes
697 with AHCCCS and Division contract and TRBHA
698 Intergovernmental Agreement (IGA) requirements.
699 6.7. The AdSS shall require that maintenance and access to Medical
700 Records survive the termination of a Provider's contract
701 regardless of the cause of termination.
702 7.8. The AdSS and Providers shall participate and cooperate in State
703 of Arizona and AHCCCS activities related to the adoption and use
704 of EHR and integrated clinical data sharing.
705 8.9. The AdSS shall encourage non-contracted entities that provide
706 services to Members to cooperate and participate in State of

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Arizona and AHCCCS activities related to the adoption and use of EHR and integrated clinical data sharing.

K. UNITED STATES CORE DATA FOR INTEROPERABILITY

The AdSS shall incorporate United States Core Data for Interoperability (USCDI) Data Elements as part of the DRS to facilitate the electronic exchange of an ~~individual~~ Member's Medical Record data as requested by the Member ~~individual~~.

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SUPPLEMENTAL INFORMATION

The requirements listed below are additional requirements under USCDI. The Division and AHCCCS strongly recommend these enhanced data elements be added to the existing Physical and Behavioral Health Medical Record requirements specified in this policy. Per the ONCs, disclosure of these additional data elements is subject to the confidentiality requirements of applicable state laws.

1. Medical Record requirements are applicable to paper,~~both hard copy and~~ electronic format Medical Records, and telemedicine. Medical Records may be documented on paper~~hard copy~~ or in an electronic format. The AdSS' Provider shall include the following in their records:
2. Documentation of identifying demographics, including:
    a. Any previous names by which the Member is known,
    b. Previous address,
    c. Telephone number with cell or home designation, and both if applicable,
    d. Email address,
    e. Birth sex,

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743 f. Race,

744 g. Ethnicity, and

745 h. Preferred language.

746 3. For records relating to provision of behavioral health services,
747 documentation including, but not limited to:

748 a. Behavioral health history,

749 b. Applicable assessments,

750 c. Service plans and/or treatment plans,

751 d. Crisis and/or safety plan,

752 e. Medication information if related to behavioral health diagnosis,

753 f. Medication informed consents, if applicable

754 g. Progress notes, and

755 h. General and/or informed consent.

756 4. Documentation, initialed by the Provider, to signify review of
757 diagnostic information including vital signs data at each visit, to
758 include:

759 a. Body temperature,

760 b. Diastolic and Systolic blood pressure,

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761 c. Body height and weight,

762 d. BMI Percentile (two -20 years),

763 e. Weight-for-length percentile (birth-36 months),

764 f. Head occipital-frontal circumference percentile (birth-36

765 months),

766 g. Heart rate and respiratory rate,

767 h. Pulse oximetry,

768 i. Inhaled oxygen concentration, and

769 j. Unique device identifier(s) for implantable device(s), as

770 applicable.

771 5. For Inpatient Settings – Clinical Note Requirements:

772 a. Consultation notes,

773 b. Discharge and summary notes,

774 c. History and physical,

775 d. Imaging narrative,

776 e. Laboratory report narrative,

777 f. Pathology report narrative,

778 g. Procedure notes, and

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779 h. Progress notes.

780 AHCCCS-REGISTERED PROVIDERS

781 For providers serving AHCCCS Members, including all FFS Programs (e.g.,
782 AIHP, DDD THP, Tribal ALTCS, TRBHA, and all FFS populations), AHCCCS
783 reserves the right to conduct on-site audits for quality-of-care purposes,
784 either directly or via a Managed Care Organization (MCO). On-site
785 audits will be conducted on any related documentation or safety related
786 concerns for the Members.

787 1. AHCCCS Division for Fee-For-Service Management (DFSM), and/or
788 MCO audit teams will internally identify documentation to be audited,
789 and a list of specified items will be given to the provider at the
790 commencement of the on-site visit.

791 2. Audits may occur on-site and AHCCCS reserves the right to speak with
792 AHCCCS members and request clinical chart information (i.e., physical
793 health or behavioral health).

794 3. When AHCCCS/DFSM or MCO audit teams are conducting an onsite
795 audit for purposes of ensuring that member needs are being met, as

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796 well as the interest of the AHCCCS/DFSM and/or MCO audit teams the
797 providers may not deny access to the facility.
798 4. Providers shall supply the complete documentation as requested by
799 AHCCCS/DFSM or MCO Audit Team, within one business day.
800 Documentation shall be delivered as a paper copy and/or secure
801 electronic transfer of the documents.
802
803 Independent of AHCCCS audits, TRBHAs and Tribal ALTCS programs reserve
804 the right to conduct visits where TRBHA or Tribal ALTCS Members are
805 receiving services, including requesting clinical chart information, performing
806 status checks (including member interaction) and conducting ongoing
807 monitoring for purposes of ensuring the needs of the TRBHA's and Tribal
808 ALTCS's members are being met. Providers may not deny facility or member
809 access to the TRBHA or the Tribal ALTCS programs.
810
811 AHCCCS/DFSM, MCO audit teams, TRBHAs, and Tribal ALTCS reserve the
812 right to notify law enforcement if providers deny entry in cases of suspected
813 member health and safety issues.
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815 Signature of Chief Medical Officer: ________________________

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