

POLICY and PROCEDURE

TITLE: CP 5022 Maintenance and Retention of the Health Plans' Documents, Member Records, and all Related Business Documents			
Version: 9	Responsible Position: Director of Compliance	Responsible Department: Compliance	
Origination Date: 03/01/2012	Last Review Date: 05/07/2020	Approval Date: 06/19/2020	Next Review Date: 06/15/2021
Organization: Banner University Health Plan, BUHP Compliance (CP)			
Population (Define): This policy applies to all lines of business			
Policy Replaces: AD 204 SNP; CP 204 SNP; CP 1204 A; CP 1204 S CP 6022			

I. Purpose/Expected Outcome:

A. To establish guidelines for the storage and handling of member records and plan business documents, and to identify time frames for disposal of such documents.

II. Definitions:

A. Please refer to the link below for full definitions for the following terms:

<http://sharepoint/sites/hppandp/new/Lists/Definitions/PP%20Definitions.aspx>

III. Policy:

A. It is the policy of The Health Plan to retain designated documents and member records for a ten-year time period unless otherwise noted.

IV. Procedure/Interventions:

A. Roles and Responsibilities

1. Custodian of Records

a. Health Plan's CEO designates an individual as the Health Plan Custodian of Records. This individual is responsible for the maintenance, organization and security of documents to ensure their integrity (refer to Health Plan Policy – CP 5230 Custodian of Records). The compliance Director serves as the Custodian of Records. The disclosure of such documents or information is limited to those parties who have an appropriate reason to have access to the documents.

B. Record Retention

1. The Health Plan shall maintain records relating to covered services and expenditures including reports to AHCCCS and CMS and documentation used in the preparation of reports to AHCCCS and CMS. The Health Plan shall comply with all specifications for record keeping established by AHCCCS and CMS. All records shall be maintained to the extent and in such detail as required by AHCCCS and CMS rules and policies. Records shall include but not be

Policy Title: CP 5022 Maintenance and Retention of the Health Plans' Documents, Member Records, and all Related Business Documents

- limited to financial statements, records relating to quality of care, medical records, prescription files and other records specified by AHCCCS and CMS.
2. For AHCCCS, The Health Plan shall ensure compliance with ARS §12-2297 which provides, in part, that the Health Plan's contracted providers shall retain member medical records according to the following:
 - a. If the member is an adult, the provider shall retain the member medical records for at least six years after the last date the adult member received medical or health care services from that provider.
 - b. If the member is under 18 years of age, the provider shall retain the member medical records either for at least three years after the child's eighteenth birthday or for at least six years after the last date the child received medical or health care services from that provider, whichever date occurs later.
 - c. In addition, the Health Plan Quality Management Manager must ensure that a medical record is established by the PCP when behavioral health information is received by the behavioral health provider about a member assigned to the PCP even if the PCP has not yet seen the assigned member. In lieu of establishing a medical record, the 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.
 - d. Within 10 business days of receiving the request, the PCP is required to coordinate care and respond to behavioral health provider information requests which are regarding members receiving services through the behavioral health system. The PCP response should include, but is not limited to, current diagnoses, medications, laboratory results, the most recent PCP visit, and any information regarding recent hospital and emergency room visits. The Health Plan Quality Management Staff audit PCPs to ensure appropriate coordination of referrals and follow-up collaboration, as necessary, is completed for members who are identified by a behavioral health provider as needing acute care services.
- C. Master Member Record (including but not limited to medical records, prescription files, quality of care records).
1. Medicare
 - a. The Health Plan is responsible for ensuring that an internal member record is established when applicable information is received about that member.
 - b. Method of storage may also include electronic data file storage.
 - c. The Health Plan follows Banner Health system-wide policies and procedures to maintain confidentiality and Health Plan specific written policies and procedures to maintain the confidentiality of all member records.
 - d. Medicare is afforded access to member records, whether electronic or paper, for the purpose of inspection and auditing rights, along with Medicare's right

Policy Title: CP 5022 Maintenance and Retention of the Health Plans' Documents, Member Records, and all Related Business Documents

- to inspect or evaluate the quality, appropriateness, and timeliness of services performed under the contract; Medicare's rights to inspect or evaluate the facilities of the organization when evidence of the need to do so exists; and Medicare's right to inspect books, contracts, and records of the MA organization that pertain to the organization's ability to bear financial risk, perform services, and determine amounts payable.
- e. The Health Plan has written policies and procedures for the maintenance of member records so that those records are documented accurately and in a timely manner, are readily accessible, and permit prompt and systematic retrieval of information.
 - f. Records which are related to grievances, disputes, litigation or the settlement of claims arising out of the performance of the contract, or costs and expenses of the contract to which exception has been taken by Medicare, are retained by the Health Plan for a period of 10 years after the date of the final disposition or resolution of the plan.
2. Medicaid
- a. The Health Plan is responsible for ensuring that an internal member record is established when applicable information is received about that member.
 - b. Method of storage may also include electronic data file storage.
 - c. The Health Plan follows Banner Health system-wide policies and procedures to maintain = confidentiality and Health Plan specific written policies and procedures to maintain the confidentiality of all member records.
 - d. The Health Plan agrees to make available at its office, at all reasonable times during the term of its contract, any of its records for inspection, audit or reproduction by any authorized representative of AHCCCS, State or Federal government. The Health Plan is responsible for any costs associated with reproduction of requested information.
 - e. AHCCCS is afforded access to all member records whether electronic or paper within 20 business days of receipt of request or more quickly if necessary. Written authorization by the member is not required.
 - f. The Health Plan has written policies and procedures for the maintenance of member records so that those records are documented accurately and in a timely manner, are readily accessible, and permit prompt and systematic retrieval of information.
 - g. Records which are related to grievances, disputes, litigation or the settlement of claims arising out of the performance of the contract, or costs and expenses of the contract to which exception has been taken by AHCCCS, are retained by the Health Plan for a period of ten years.
 - h. In the event of a contract termination or expiration of a contract with AHCCCS, the Health Plan will retain, preserve and make available records, within the timeframes required by State and Federal law, including but not

Policy Title: CP 5022 Maintenance and Retention of the Health Plans' Documents, Member Records, and all Related Business Documents

limited to, those records related to member grievance and appeal records, litigation, base data, Medical Loss Ratio (MLR) reports, claims settlement and those covered under HIPAA, as required by the AHCCCS Contract, State and Federal law, including but not limited to, 45 CFR 164.530(j)(2) and 42 CFR 438.3(u).

D. Administrative Records

1. Medicare

- a. The Health Plan agrees to make available at its office, at all reasonable times during the term of its contract, any of its records for inspection, audit or reproduction by any authorized representative of State or Federal government. The Health Plan is responsible for any costs associated with reproduction of requested information.
- b. In the case of service area reductions, the Health Plan will retain records and allow CMS to access them, for 10 years from the date from which service in a particular county was discontinued. This also includes contract terminations that result from a decision by the Health Plan not to renew its contract with CMS.
- c. The Health Plan preserves and makes available all records for a period of no less than 10 years from the date of final payment under the latest contract with CMS.
- d. First tier and downstream entities must comply with Medicare laws, regulations, and CMS instructions and agree to audits and inspection by CMS and/or its designees and to cooperate, assist, and provide information as requested, and maintain records a minimum of 10 years.

II. Performance and Outcome Measures:

- A. 100% of Health Plan documents, records and all related business documents are properly maintained and retained.

III. References:

- A. AHCCCS Complete Care Contract, Section D, Paragraph 20, Medical Records
- B. AHCCCS EPD Contract, Section D, Paragraph 78, Medical Records
- C. AHCCCS Complete Care Contract; Section D, Paragraph 59 - Records Retention
- D. AHCCCS EPD Contract, Section D, Paragraph 65 - Records Retention
- E. AHCCCS EPD Contract, Section E, Paragraph 45 - Termination
- F. AHCCCS Complete Care Contract, Section E, Paragraph 45 - Termination
- G. AHCCCS Complete Care Contract; Attachment F(1); Member Grievance and Appeals System Standards
- H. AHCCCS EPD Contract, Attachment F(1); Member Grievance and Appeal System Standards

Policy Title: CP 5022 Maintenance and Retention of the Health Plans' Documents, Member Records, and all Related Business Documents

- I. AHCCCS Complete Care Contract; Attachment F(2); Provider Claims Dispute Standards
- J. AHCCCS EPD Contract, Attachment F(2); Provider Claim Dispute Standards
- K. Medicare Managed Care Manual, Chapter 11, Sections - 70.2 Responsibilities of Nonrenewing MA Organizations; 100.4 Provider and Supplier Contract Requirements; 80 Contract Terminations; 110.4.3 Maintenance and Access to MA-Related Record Requirements
- L. Medicare Managed Care Manual, Chapter 21 and Prescription Drug Benefit Manual, Chapter 9, Section 50.5.3 - Enforcing Disciplinary Standards
- M. 45 CFR 164.530(j)(2)
- N. 42 CFR 422.504(d)(e)
- O. 42 CFR 438.408(b)(5)
- P. 42 CFR 438.3(u)
- Q. A.R.S. 36-664
- R. A.R.S. §12-2297
- S. 42 CFR 2.1 et. Seq.

IV. Related Policies/Procedures:

- A. Health Plan Policy - CP 5230; Custodian of Records
- B. Banner Health Policy 410 Workforce Confidentiality
- C. Banner Health Policy 739 Records Retention and Destruction
- D. Health Plan Policy - CP 5007 Protected Health Information
- E. Health Plan Policy - CP 5801 Employee Commitment to Confidentiality and Non-Disclosure
- F. ACOM Policy 440

V. Keywords and Keyword Phrases:

- A. Record Retention
- B. Member Records
- C. Medicaid
- D. Medicare