Product Lines Affected

F&C	X	PHC (HMO SNP)[4]	X
MSC+[1]	X	MnCare	X
PWSHC (HMO SNP)[2]	X	Part D	X
SNBC[3]	X	Other	

Gray text indicates quoted regulatory, statutory, or other language not subject to change

Policy Name	**Health Records**
Policy Number	**QM06**
Origination Date	May 8, 2008
Revision Effective Date	May 7, 2026
Responsible Position	Manager of Quality Management
Regulatory Requirement(s)	2026 Minnesota Department of Human Services (DHS) Families and Children contract, articles 6, 7, 13, and 14 2026 DHS Minnesota Senior Health Options (MSHO)/Minnesota Senior Care Plus (MSC+) contract, articles 6, 7, 13, and 14 2026 DHS Special Needs BasicCare (SNBC) contract, articles 6, 7, 13, and 14 MN Rules parts 4685, and 9505 MN Stat. sec. 62J.03, subd. 6; sec. 62J.495; Chaps. 144, 144A, 145C, 147, 147A, 147B, 147C, 147D, 148, 148B, 148D, 148F, 150A, 151, 153, 221, 245, 245A, 245G, 245I, 253B, 254A, 254B, and 256B. Minnesota Health Care Programs (MHCP) Provider Manual, Mental Health Services Title 42 Code of Federal Regulations (CFR) Parts 2, 8, 422, 438, 485, 440, and 441 45 CFR 160 and 164 Title 21 United States Code (USC) Section 355 Centers for Medicare & Medicaid Services (CMS) Manual System Healthcare Effectiveness and Data Information Set (HEDIS®) Technical Specifications 2026 National Committee for Quality Assurance (NCQA) Standards Definitions Substance Abuse and Mental Health Services Administration (SAMHSA) Guidelines for the Accreditation of Opioid Treatment Programs Centers for Disease Control and Prevention (CDC) Recommendations and Guidelines for Vaccines and Immunizations and Body Mass Index (BMI)
Cross-References	Health Record Documentation Standards Mental Health Record Documentation Standards Substance Use Disorder (SUD) Treatment Record Documentation Standards QM05: Provider Office Site Visits PS17: Assessment of Organizational Providers C14: Late Documentation Submitted by Providers and Third Parties during Audits, Investigations, and Monitoring Activities PrimeWest Health Provider Manual, Substance Use Disorder and Mental Health Services

Policy

Pursuant to the above regulatory authorities and accreditation requirements, where required by Minnesota Department of Human Services (DHS) contract, PrimeWest Health maintains standards and guidelines for the documentation and management of PrimeWest Health members' health, mental health, and substance use disorder treatment records.

Provider groups under contract with PrimeWest Health are required to have health/mental health record-keeping practices in place that comply with PrimeWest Health's standards and guidelines regarding confidentiality, availability, system of health/mental health record organization, and methods to assess the quality of health/mental health record keeping, as described in the following procedure.

Definitions

Concurrent Review – Utilization review conducted during a member's hospital stay or course of treatment. This term has the same meaning as continued stay review. Use of "concurrent review" in this policy also applies to and has the same meaning as "concurrent request" per the National Committee for Quality Assurance (NCQA), where "concurrent request" means a request for coverage of medical care or services made while a member is in the process of receiving the requested medical care or services, even if the organization did not previously approve the earlier care. Concurrent reviews/requests are typically associated with inpatient care, residential behavioral health care, intensive outpatient behavioral health care, and ongoing ambulatory care.

Health Record – Any information, whether oral or recorded in any form or medium, that relates to the past, present, or future physical or mental health or condition of a member; the provision of health care to a member; or the past, present, or future payment for the provision of health care to a member. Use of "health record" in this policy is per DHS contract language, and as governed by MN Stat. secs. 144.291 – 144.298. Use of "health record" also applies to and has the same meaning as "medical records" per MN Stat. sec. 145C.08; "medical records" per MN Stat. sec. 256B.27; "medical record" per MN Rules part 4685.1110, subp. 13; "provider records" per MN Rules part 9505.0205; "health service records" per MN Rules part 9505.2175; and "client record" per MN Stat. sec. 148F.15. PrimeWest Health distinguishes between the use of "health record" for information that relates to the physical condition of a member and the use of "mental health record" per MN Stat. 245I for information that relates to the mental health of a member for policy and procedure documentation standards and annual record review reports.

Mental Health Practitioner – A person who is qualified according to MN Stat. sec. 245.462 Subd 17, and provides mental health services to a member with a mental health illness under the clinical supervision of a mental health professional per MN Stat. sec. 245.462 Subd. 18

Mental Health Professional – A person who provides clinical services in the treatment of mental illness who meets the qualifications required in MN Stat. sec. 245I.04 for adults and children. Use of "mental health professional" in this policy per DHS contract language also applies to and has the same meaning as MN Stat. sec. 245.462 subd. 4a where "mental health professional" means a person who is enrolled to provide medical assistance services and is qualified according to MN Stat sec. 245.462 Sub 2.

Protected Health Information (PHI) – Any information held by a covered entity that concerns health status, provision of health care, or payment for health care that can be linked to an individual and includes any part of an individual's health record or payment history. Use of "PHI" in this policy also applies to and has the same meaning as "protected information" per DHS contract language, where "protected information" means private information concerning individual State clients that the managed care organization (MCO) may handle in the performance of its duties including any or all of the following: 1) private data, confidential data, welfare data, medical data, and other non-public data; 2) health records; 3) alcohol and drug abuse records; 4) PHI; and 5) information protected by applicable State and Federal statutes, rules, and regulations governing or affecting the collection, storage, use, disclosure, or dissemination of private or confidential individually identifiable information. There are 18 categories of identifiers (e.g., name, street address, email address, telephone number, Social Security number, medical record number, health plan beneficiary or account number, birth date, dates of service, and five-digit zip code). Age is not PHI, except for individuals over age 89. The age for these individuals can be aggregated into a single category of "age 90 or above."

Provider – An individual or entity that is engaged in the delivery of health care services and is legally authorized to do so by the state in which the individual or entity delivers the services. Use of "provider" in this policy per DHS contract language also applies to and has the same meaning per MN Stat. sec. 144.291, where "provider" means: 1) any person who furnishes health care services and is regulated to furnish the services under MN Stat. Chaps. 147, 147A, 147B, 147C, 147D, 148, 148B, 148D, 148F, 150A, 151, 153, or 153A; 2) a home care provider licensed under MN Stat. sec. 144A.471; 3) a health care facility licensed under MN Stat. Chap. 144 or MN Stat. Chap. 144A; 4) an assisted living facility licensed under MN Stat. Chap. 144G; and 5) a physician assistant registered under MN Stat. Chap. 147A. Per NCQA, "provider" is an institution or organization that provides services for health plan members. Examples of providers include hospitals and home health agencies. NCQA uses the term "practitioner" to refer to a licensed or certified professional who provides medical care or behavioral health care services but it recognizes that a "provider directory" generally includes both providers and

practitioners and the inclusive definition is the more common use of the word. Per DHS contract language, “health care professional” means a physician, optometrist, chiropractor, psychologist, dentist, advanced dental therapist, dental therapist, physician assistant, physical or occupational therapist, therapist assistant, speech-language pathologist, audiologist, registered or practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, and certified nurse midwife), licensed independent clinical social worker, and registered respiratory therapy technician.

Retrospective Review – A review conducted after inpatient hospital services are provided to a member. The review is focused on validating the diagnostic category, verifying recertification, where applicable, and determining the medical necessity of the admission, the medical necessity of any inpatient hospital services provided, and whether all medically necessary inpatient hospital services were provided.

Substance Use Disorder Treatment – Treatment of a substance use disorder, including the process of assessment of a member’s needs, development of planned interventions or services to address those needs, provision of services, facilitation of services provided by other service providers, and reassessment by a qualified professional. The goal of treatment is to assist or support the member’s efforts to recover from substance use disorder per MN Stat. Chap. 245G.

Procedure

A. **Requesting Health/Mental Health Records**
   1. PrimeWest Health conducts ongoing evaluation of providers' health records and mental health records. This includes ensuring that providers maintain health records and mental health records with timely, legible, and accurate documentation of patient interactions. Documentation must include information regarding patient history, health status, diagnosis, treatment, and referred service notes. PrimeWest Health conducts this oversight in multiple ways, including but not limited to, the following:
      a. Quality review activities including annual health record review and risk score accuracy review
      b. Evaluating the use of appropriate services and billing practices
      c. Credentialing/recredentialing
      d. Data collection for Healthcare Effectiveness Data and Information Set (HEDIS®) and adherence to clinical practice guidelines
   2. Portions of members' health records and mental health records may be requested by PrimeWest Health for any lawful purpose, including, but not limited to, the following:
      a. Retrospective or concurrent review
      b. Discharge planning
      c. Second opinion determinations
      d. Appeal and Grievance resolution, including quality of care Grievance resolution
      e. Case management and care coordination
      f. Compliance review and investigations

B. **Criteria for Health Record and Mental Health Record Documentation and Management**
   PrimeWest Health expects providers to meet the health record documentation criteria as posted on PrimeWest Health's website and included in its ***Provider Manual*** regarding health record and mental health record documentation and management.

C. **Provider Responsibility**
   Providers must maintain health records and mental health records consistent with the following instructions:
   1. Maintain health records and mental health records in compliance with standards and guidelines outlined in this policy, PrimeWest Health's ***Provider Manual***, and the provider's agreements with PrimeWest Health
   2. Develop and implement health record and mental health record policies and procedures in accordance with State and Federal law and PrimeWest Health policy
   3. Conduct periodic health record and mental health record self-review to ensure compliance with these standards and guidelines
   4. Implement an improvement plan if deficiencies are identified during health record and mental health record self-review
   5. Review the PrimeWest Health ***Health/Mental Health Record Standards and Review Tools*** and make changes necessary to improve documentation in the health record and mental health record as an essential component of quality care
   6. Develop and implement a Corrective Action Plan (CAP) if deemed necessary
   7. Ensure members' health records and mental health records are readily accessible to PrimeWest Health upon request

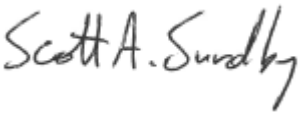
D. **PrimeWest Health Responsibility**
   PrimeWest Health completes the following to facilitate providers' maintenance of appropriate health record and mental health record documentation and management:
   1. Communicates health record and mental health record expectations to providers at time of initial contracting and on an ongoing basis by posting standards on the PrimeWest Health website
   2. Communicates documentation concerns with providers as needed when gaps are identified based on the activities outlined in A.1 and 2
   3. If appropriate, implements corrective actions if documentation concerns are found during these activities. Corrective actions may include, but are not limited to, provider education, a CAP, claims

recoupment, payment suspension, network termination, credentialing denials, and/or placement of the provider on the pend and trend list. Corrective actions may be presented to the provider's respective monitoring board(s), such as the Compliance Committee and/or the QCCC and Joint Powers Board (JPB). Refer to PrimeWest Health Policy and Procedure QM05: Provider Office Site Visits for more information on the pend and trend list and corrective actions.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to PrimeWest Health. Remediation for violators includes, but is not limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Signatures



Medical Director Approval: Scott Sundby, MD **Date:** 05/07/2026
Chief Senior Medical Director

Board Approval: Gary Hendrickx, Chair **Date:** 05/07/2026
PrimeWest Health Joint Powers Board of Directors