Policy
Pursuant to the above regulatory authorities and accreditation requirements, 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 record-keeping practices in place that comply with PrimeWest Health’s standards and guidelines regarding confidentiality, availability, system of health record organization, and methods to assess the quality of health record keeping, as described in the following procedure.

1PrimeWest Health’s Minnesota Senior Care Plus (MSC+) program for members who have only Medicaid coverage through PrimeWest Health
2PrimeWest Health’s Minnesota Senior Health Options (MSHO) program for members who have both Medicaid and Medicare coverage through PrimeWest Health
3PrimeWest Health’s Special Needs BasicCare (SNBC) program for members who have only Medicaid coverage through PrimeWest Health
4PrimeWest Health’s Special Needs BasicCare (SNBC) program for members who have both Medicaid and Medicare coverage through PrimeWest Health
Definitions
Alcohol and Drug Counselor – A person who holds a valid license issued under MN Stat. Chap. 148F to engage in the practice of alcohol and drug counseling. The practice of alcohol and drug counseling means the observation, description, evaluation, interpretation, and modification of human behavior by the application of core functions as it relates to the harmful or pathological use or abuse of alcohol or other drugs per MN Stat. sec. 148F.01.

Central Registry – A database maintained by the Minnesota Department of Human Services (DHS) that collects identifying information from two or more programs about individuals applying for maintenance treatment or detoxification treatment for addiction to opiates for the purpose of avoiding an individual’s concurrent enrollment in one or more program per MN Stat. Chap. 245G.

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.

Concurrent Review – Utilization review conducted during a member’s hospital stay or course of treatment. Has the same meaning as continued stay review. Use of “concurrent review” in this policy also applies to and has the same meaning per the National Committee for Quality Assurance (NCQA) where “concurrent review” means a review for an extension of a previously approved, ongoing course of treatment or number of treatments. Concurrent reviews 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; “client record” per MN Rules part 9520.0790; 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 Rules part 9505.0371, subp. 8 for information that relates to the mental health of a member for policy and procedure documentation standards and annual record review reports.

License Holder – An individual, corporation, partnership, voluntary organization, or other organization that is legally responsible for the operation of the program, has been granted a license by the commissioner per MN Stat. Chap. 245G, and is a controlling individual per MN Stat. Chap. 245G.

Mental Health Practitioner – A person who is qualified according to MN Rules part 9505.0371, subp. 5 (B) (C), and provides mental health services to a member with a mental health illness under the clinical supervision of a mental health professional per MN Rules part 9505.0370.

Mental Health Professional – A person who provides clinical services in the treatment of mental illness who meets the qualifications required in MN Stat. sec. 245.462, subd. 18 (1) – (6) for adults and MN Stat. sec. 245.4871, subd. 27 (1) – (6) for children. Use of “mental health professional” in this policy per DHS contract language also applies to and has the same meaning per MN Rules part 9505.0370 where “mental health professional” means a person who is enrolled to provide medical assistance services and is qualified according to MN Rules part 9505.0371, subp. 5 (A).

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 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, 147D, 148, 148B, 148D, 148F, 150A, 151, 153, or 153A; 2) a home care provider licensed under MN Stat. sec. 144A.484; 3) a health care facility licensed under MN Stat. Chap. 144 or MN Stat. Chap. 144A; and 4) 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 the professionals who provide health care services, usually licensed as required by law, 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. All terminology has the same meaning in this policy and procedure and is used in accordance with the cited regulatory requirement(s).

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.

Utilization Review (Utilization Management) – The evaluation of the necessity, appropriateness, and efficacy of the use of health care services, procedures, and facilities by a PrimeWest Health member for the purpose of determining the medical necessity of the service or admission. Use of “utilization review” in this policy also applies to and has the same meaning per NCQA where “utilization review” means a formal evaluation (preservice, concurrent, or postservice) of the coverage, medical necessity, efficiency, or appropriateness of health care services and treatment plans.
A. Requesting Health Records
1. PrimeWest Health requires access to members’ health/mental health records and requests information from providers for the following purposes:
   a. Quality review activities including annual health record review
   b. Evaluating the use of appropriate services and bill payment
   c. Data collection for Healthcare Effectiveness Data and Information Set (HEDIS®) and adherence to clinical practice guidelines
2. Portions of members’ health records may be requested for 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

B. Provider Responsibility
Providers maintain records consistent with the following instructions:
1. Maintain health/mental records in compliance with health record documentation standards and guidelines outlined in this policy
2. Develop and implement health record policies and procedures in accordance with State and Federal law and PrimeWest Health policy
3. Conduct periodic health/mental record self-review to ensure compliance with these standards and guidelines
4. Implement an improvement plan if deficiencies are identified during health/mental record self-review
5. Review the PrimeWest Health annual Health/Mental Health Record Review Report and make changes necessary to improve documentation in the health record as an essential component of quality care
6. Develop and implement a Corrective Action Plan (CAP) if deemed necessary by PrimeWest Health’s Quality and Care Coordination Committee (QCCC)

C. PrimeWest Health Responsibility
PrimeWest Health completes the following for purposes of maintaining appropriate health/mental record documentation and management:
1. Communicates health/mental record expectations to providers at time of initial contracting
2. Monitors provider performance against established health/mental record documentation standards annually
3. Provides education, recommendations, and consultation to provider groups to improve compliance and implement health/mental record policies and procedures to meet PrimeWest Health standards
4. Provides written follow-up reports, including recommendations and a copy of the annual Health/Mental Health Record Review Report
5. Presents results to the QCCC and Joint Powers Board (JPB)
6. Requests development of a CAP if a deviation from established performance standards is identified during the health/mental record review and recommended by the QCCC
7. If a CAP is in place, follows up with the provider to determine CAP compliance and ensure that corrections are completed in accordance with the CAP
8. In instances of sole proprietor record review, uses the results of the health/mental record review during the recredentialing process. Results are included at the time of Peer Review Committee (PRC) review if a CAP is in place. In instances of facility record review, results are reviewed with the QCCC.
9. For sole proprietors, the PRC makes recommendations to the QCCC based on the provider’s compliance with any CAP in place at the time of recredentialing. For facilities, QCCC makes the recommendation.
10. Requests health/mental records by sending a notice to the provider identifying the date(s) of service and specific information requested
a. PrimeWest Health attempts to provide a facility at least a 14-day notice of health/mental record review or any other request for health/mental records
b. All health/mental records obtained and generated regarding a member are maintained as confidential
c. PrimeWest Health requests access to the minimum record information necessary to investigate or make utilization review determinations as required by the Health Insurance Portability and Accountability Act (HIPAA) and manages protected health information (PHI) in compliance with applicable privacy rules and regulations
d. PrimeWest Health Provider Network Administration (PNA) staff reaches out to providers to obtain records after three unsuccessful attempts by the Quality & Utilization Management department. If PNA’s attempts are unsuccessful, they will communicate with the Q&UM Coordinator. The Q&UM Coordinator will work with Manager of Quality Management and Director of Quality & Utilization Management to determine next steps as outlined in Policy and Procedure C14: Late Documentation Submitted by Providers and Third Parties during Audits, Investigations and Monitoring Activities.

11. Uses a methodology based on the volume of members the provider sees annually, past documentation of deficiencies, or other criteria determined to be necessary for annual reviews, quality review studies, and utilization management determinations
   a. Health record review selection process
      i. Using claims from the previous calendar year, the number of unique members seen at each clinic are identified for each contracted clinic
      iii. Annually, out of all the clinics that have seen at least 15 unique members (including five members as an oversample) who were enrolled for the entire previous calendar year, 20 are randomly selected and reviewed.
   b. Mental health record review selection process
      i. Using claims from the previous calendar year, the number of unique members seen at each clinic for a diagnostic assessment (DA) are identified for each contracted clinic
      ii. Annually, out of all the clinics that have seen at least 15 unique members (including five members as an oversample) who were enrolled for the entire previous calendar year, 10 are randomly selected and reviewed.

D. Criteria for Health Record Documentation and Management
PrimeWest Health expects providers to meet the following criteria regarding health/mental record documentation and management (see Health Record Documentation Standards and Review Tool, Mental Health Record Documentation Standards and Review Tool, and Substance Use Disorder [SUD] Record Documentation Standards and Review Tool for detailed information and applicable statutory/regulatory sources):
1. Confidentiality
   a. Health/mental health records are accessible only to people who have authority to access the information contained in the records
   b. Release of health/mental health record information is done only with the express permission of the member or a legally authorized representative except as permitted by applicable State or Federal law
   c. Member’s consent to access: A PrimeWest Health member (by virtue of being a recipient of Medical Assistance [Medicaid] and/or Medicare) is deemed to have authorized in writing the release of his/her health/mental health records to PrimeWest Health for the purposes of claims or cost report investigations. The Minnesota Department of Human Services (DHS), according to MN Stat. sec. 256B.27, subds. 3 and 4, grants PrimeWest Health authority to examine a member’s medical records related to services provided under Minnesota Health Care Programs (MHCP). The PrimeWest Health member’s authorization of the release and review of medical records for services provided while the person was/is a PrimeWest Health member is presumed competent if given in conjunction with the member’s application signed by the member or the member’s guardian or authorized representative as defined in MN Rules part 9505.0015, subp. 8.
   d. Written policies and procedures are available and easily accessible. Such policies and procedures reflect the provider’s operating practices related to confidentiality of and access to
QM06 Health Records

2. Availability, access, storage, and retrieval
   a. Health/mental health records are accessible and available to providers at the time care is rendered and at other times as needed to coordinate service delivery
   b. Providers have written policies and procedures for the timely, effective, and confidential exchange of patient information between primary care providers, mental health care professionals, specialists, and organizational providers
   c. Medical and mental health providers can access each other’s notes through a fully integrated electronic health record (EHR). Per MN Stat. sec. 62J.495, individual health care providers in private practice with no other providers and health care providers that do not accept reimbursement from a group purchaser, as defined in MN Stat. sec. 62J.03, subd. 6, are excluded from the requirements of this section.
   d. Providers’ written policies and procedures address archiving and destruction of inactive health/mental health records in compliance with applicable State and Federal law
   e. Providers’ written policies and procedures address storage and maintenance of records for 10 years
   f. PrimeWest Health members’ health/mental health records are made available to the Minnesota Department of Health (MDH), DHS, the Centers for Medicare & Medicaid Services (CMS), PrimeWest Health, or an authorized staff member or designee of these agencies upon written request
   g. Requests for health/mental health records must be honored within 14 days of the request and/or according to CMS’s and/or DHS’s definition of an expedited Appeal or Grievance (complaint)
   h. If, upon completion of the Quality & Utilization Management Coordinator’s review of records, missing elements are identified, the provider is given 10 business days to provide documentation to resolve any elements that do not meet the requirements. Anything submitted past the 10 business days is not reviewed or used to bring the element into compliance.

3. Organization of health record
   a. Health/mental health records are maintained in an organized manner that supports effective and confidential patient care and quality review
   b. Written standards or procedures exist to address the following:
      i. Order of the health record
      ii. List of documents to be filed in each section of the record
      iii. Timely filing of medical information

4. Content and documentation standards
   a. Health/mental health records are maintained in a manner that facilitates communication, coordination, and continuity of care and promotes effective and efficient treatment
   b. PrimeWest Health requirements for content and documentation reflecting commonly accepted elements and standards, based on regulatory requirements, are addressed in Health Record Documentation Standards and Review Tool, Mental Health Record Documentation Standards and Review Tool, and Substance Use Disorder (SUD) Treatment Record Documentation Standards and Review Tool
   c. Electronic record systems must comply with all applicable health/mental health record requirements as set forth above

E. Performance Goals (see Attachment 1: Performance Goals)
PrimeWest Health has established standards and guidelines for health/mental health record documentation and management. PrimeWest Health’s Quality & Utilization Management department utilizes various methods to monitor provider performance against performance goals.

1. Site visit: PrimeWest Health evaluates sites to assess the provider’s organizational and service delivery capabilities. Site visits are conducted based on member complaints received by PrimeWest Health Appeals & Grievances staff within the thresholds identified in PrimeWest Health Policy and Procedure QM05: Provider Office Site Visits.
2. Ongoing quality monitoring: PrimeWest Health conducts reviews against required criteria to measure and evaluate health/mental health record documentation and quality of care.
3. Unavailable health record: PrimeWest Health establishes a threshold for unavailable health record rates during the data collection process. If a provider does not provide the requested records in the specified time frame as described in Section D of this policy, the provider receives all zeros for the review, and the provider is automatically included in the next year's health/mental health record review.

4. If the record attempts made by PNA staff are unsuccessful, the Quality & Utilization Management Coordinator is notified and collaborates with the Manager of Quality Management and the Director of Quality & Utilization Management to determine the next steps regarding the for non-compliance.

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 App**
Susan Paulson, MD  
Chief Senior Medical Director  
Date: 04/01/2021

**Board Approval:**
Brent Olson, Chair  
PrimeWest Health Joint Powers Board of Directors  
Date: 04/01/2021
## Performance Goals

<table>
<thead>
<tr>
<th>Data</th>
<th>Frequency</th>
<th>Standard/Threshold</th>
<th>Data Source</th>
<th>Review</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1. Site visit                 | PrimeWest Health conducts an on-site visit if the number or severity of member complaints reaches the thresholds established in PrimeWest Health Policy and Procedure QM05: Provider Office Site Visits | Health record keeping practices may be reviewed during the on-site visit. Review may look for the following:  
- Records are kept in a secure location  
- There is a policy for confidentiality, release of information, and HealthCare/Advance Directives  
- Assurance that compliance with organization and documentation policy is monitored  
- There is a policy for chart availability between practice sites  
- A sample health record is available | Site visit results | Follow-up with provider group per established time frame | Follow-up with provider group and assist as needed until issue is resolved. |
| 2. Ongoing quality monitoring | Annually  | Content/documentation standards and health record review elements in this policy and procedure meet a compliance rate/performance goal of 90% overall average for each site and 90% for each documentation element reviewed.  
- 90% scoring of “Yes” as an overall average for each site indicates the provider group met PrimeWest Health standards overall  
- 89% or below requires review by QCCC | Health record reviews  
Healthcare Effectiveness and Data Information Set (HEDIS®) and clinical practice guidelines performance measurements | Aggregate results of health record reviews available 1st quarter of the following year | Review at QCCC  
Each provider group reviews results and the PrimeWest Health average is provided to provider groups. The groups are informed of the standards/thresholds. Assistance with improvement efforts is provided if goals are not met. |
| 3. Unavailable health record  | Annually  | Provider groups will not exceed an unavailable chart rate of 50% for annual health record reviews and/or HEDIS and clinical practice guidelines performance measurements | Health record reviews  
HEDIS and clinical practice guidelines performance measurements | Review at QCCC | If unavailable health record rate is more than 50%, determine if denominator is great enough to require action. Follow-up with group and assist as needed until issue is resolved. |