RECORD KEEPING

Providers should refer to the Medicaid Services Manual, Chapter 1 General Information and Administration, Section 1.1 – Provider Requirements for additional information of record keeping. https://www.lamedicaid.com/provweb1/Providermanuals/manuals/GIA/GIA.pdf

Components of Record Keeping

All provider records and reports, including, but not limited to, beneficiary health outcomes data, financial books and records, medical records, and personnel records, must be maintained in an accessible, standardized order and format at the provider's office site. The provider must have sufficient space, facilities and supplies to ensure effective record keeping. The provider must keep sufficient records to document compliance with Louisiana Department of Health (LDH) requirements for the beneficiary served and the provision of services.

The provider must make available all records that LDH, or its designee, finds necessary to determine compliance with any federal or state law, rule or regulation promulgated by LDH.

Retention of Records

In accordance with State and Federal laws records must be retained for the longest of the following periods:

- In an accessible location for at least ten years from the last entry date;
- For medical records of disenrolled beneficiaries, ten years after the date of disenrollment; and
- If a litigation, a claim, a financial management review, or an audit arising from the operation of the PACE is started before the expiration of the retention period, the PACE organization must retain the records until the completion of the litigation or resolution of the claim or audit findings.

Confidentiality and Protection of Records

The Program of All-Inclusive Care for the Elderly (PACE) provider must:

- Abide by all applicable federal and state laws regarding confidentiality and disclosure for mental health records, medical records, and other beneficiary health information that qualifies as protected health information.

- Allow each beneficiary timely access, upon request, to review and copy their medical records and to request amendments to those records. In addition, the beneficiary must be given timely notice if the PACE organization intends to charge for copies of records.

All data, books, and records must be the property of the provider and secured against loss, tampering, destruction or unauthorized use.

NOTE: The PACE) provider must have established written policies and procedures for safeguarding all data, books, and records against loss, destruction, unauthorized use, or inappropriate altercation.

Employees of the provider must not disclose or knowingly permit the disclosure of any information concerning the provider, the beneficiaries or their families, directly or indirectly to any unauthorized person. The provider must safeguard the confidentiality of any information that might identify the beneficiary or their family.

The information may be released only under the following conditions:

- Court order;
- Beneficiary's written informed consent for release of information;
- Written consent of the individual to whom the beneficiary's rights have been devolved when the beneficiary has been declared legally incompetent; or
- Compliance with the Federal Law, Confidentiality of Alcohol and Drug Abuse Patients Records (42 CFR, Part 2).

A provider must, upon request, make available information in the case records to the beneficiary or legally responsible representative. If, in the professional judgment of the administration of the provider, it is felt that the information contained in the record would be damaging to the beneficiary, that information may be withheld from the beneficiary except under court order.

The provider may charge a reasonable fee for providing the above records. This fee cannot exceed the community's competitive copying rate.

A provider may use material from case records for teaching or research purposes, development of the governing body's understanding and knowledge of the provider's services, or similar educational purposes, as long as names are deleted and other similar identifying information is disguised or deleted.

Any electronic communication containing beneficiary specific identifying information sent by the provider to another agency, or to LDH, must comply with regulations of the Health Insurance Portability and Accountability Act (HIPAA) and be sent securely via an encrypted messaging system.

Beneficiary records must be located at the provider's site.

NOTE: Under no circumstances should providers allow staff to remove beneficiary records from the provider's site.

Review by State and Federal Agencies

Providers must allow Centers for Medicare and Medicaid Services (CMS) and LDH to access all administrative, personnel, and beneficiary records as specified in 42 CFR 460.200(b). This access includes, but is not limited to, data and records, including beneficiary health outcomes, data, financial books and records, medical and personnel records.

Administrative Records

The PACE provider must maintain the following documents, at a minimum in an administrative file:

- PACE organizational structure;
- Governing body;
- Compliance oversight requirements;
- Personnel qualifications;
- Training materials;
- Contract requirements;
- Marketing materials;
- Polices pertaining to Emergency Preparedness;
- Potential Enrollee Communication Log;
- Quality improvement program;

- Policies consistent with the mission;
- Management and provision of all services, including the management of contractors;
- Personnel policies that address adequate notice of termination by employees or contractors with direct patient care responsibilities;
- Fiscal operations, including fiscal reports; and
- Polices on beneficiary health and safety, including a comprehensive, systemic operational plan to ensure the health and safety of beneficiaries.

All documents, policies and procedures must be in compliance with local, state and federal guidelines.

Personnel Records

Personnel records for each employee or contracted staff must contain at a minimum these components:

- The application for employment and/or resume;
- Criminal background history checks by State and Federal laws;
- Documentation of proof of DSW registry checks;
- Reference letters from former employer(s) and personal references or written documentation based on telephone contact with such references;
- Any required medical examinations;
- Evidence of applicable professional credentials/certifications/licenses according to state law;
- Personnel qualifications and/or experience documentation;
- Annual performance evaluations;
- Personnel actions, other appropriate materials;

- Reports and notes relating to the individual's employment with the center;
- The employee's starting and termination dates;
- Required educational training for all disciplines including, but not limited to, orientation and annual trainings;
- Documentation of the competency program; (must be completed prior to caring for the beneficiary and on an ongoing basis)
- Results of any written or oral testing; and
- Documentation of medical clearance for communicable diseases and up–to-date immunizations.

NOTE: The PACE provider must retain an employee's personnel file for at least three years after the employee's termination of employment.

Beneficiary Medical Records

The PACE provider must maintain a single, comprehensive medical record for each beneficiary, in accordance with accepted professional standards. The medical record must meet the following requirements:

- Be complete;
- Accurately documented;
- Readily accessible;
- Systemically organized;
- Available to all staff; and
- Maintained and housed at the at the provider's site.

At a minimum, the beneficiary's medical record must include the following information and documentation as specified in 42 CFR 460.210:

- Appropriate identifying information;

- Documentation of all services furnished, including a summary of emergency care and other in-patient or nursing facility services;
- Services furnished by employees at the PACE center;
- Services furnished by contractors and their reports;
- Interdisciplinary assessments, re-assessments, Plans of Care, treatments, and progress notes that include a response to treatment;
- Laboratory, radiological, and other test reports;
- Medication records;
- Eligibility and Re-certification records;
- Reports of contact with non-professional, non-paid services, informal support provided by family, friends, and community/social network;
- Enrollment Agreement (signed and dated documents);
- Physician orders;
- A signed release permitting disclosure of personal information; and
- Advance directives, hospital discharge summaries, discharge summaries, and/or disenrollment justification, if applicable.

NOTE: The actual incident report is not a required element of the beneficiary medical record. A narrative description of the care rendered during and subsequent to the incident must be documented in the progress notes of the Interdisciplinary Team (IDT) members rendering care. Providers must promptly transfer copies of the beneficiary's medical record between treatment facilities.

Transfers and Closures/Discharges

Upon discharge or transfer, the provider must provide a summary of the health record to the person or agency responsible for future planning/care of the beneficiary.