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I. Policy

- A. Children's Medical Services (CMS) will maintain an official CMS enrollee medical record for each child. This record will be utilized by all CMS program staff and contracted entities for documentation of all CMS services delivered.
- B. All CMS medical records will be established and maintained in accordance with Department of Health (DOH) Health Record Policy (DOHP 380-1) and Florida Statutes.
- C. This policy is available to all network providers on the CMS Provider Website.

II. Authority

Functioning under the authority of Florida Statutes Chapter 119, 257, 766.204 and Florida Administrative Code Chapter 1B-11, 1B-24, 1B-26.003, 1B-26.0021 and 2.430-2.440.

III. Supportive Data

The Department of Health Policies, Records Management (DOHP 250-2), Health Record Policy (DOHP 380-1), Information Security and Privacy Policy (DOHP 50-10), Agency for Healthcare Administration Contract No. FP-031, and Accreditation Handbook for Health Plans-Accreditation Association for Ambulatory Health Care, Inc.

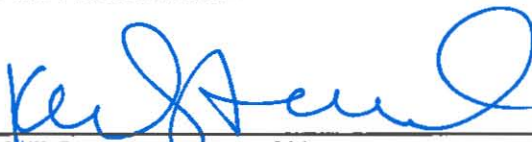
IV. Signature Block with Effective Date

Signature on file



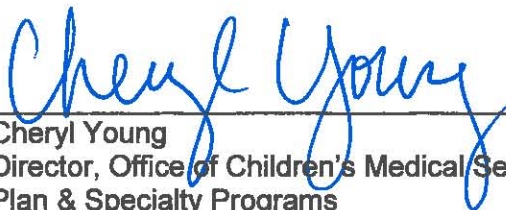
Melissa Vergeson
Director, Office of Children's Medical Services
Plan Administration

07/20/16
Date



Kelli Stannard, RN, BSN
Director, Office of Children's Medical Services
Plan Operations & Specialty Programs

7/20/16
Date


Cheryl Young
Director, Office of Children's Medical Services
Plan & Specialty Programs


Date

V. Definitions

- A. **Retention Schedule:** Period of time in which the CMS medical record series is required to be retained before being scheduled for disposal. The official list of established record series stating the minimum time to keep a record on file.
- B. **CMS Medical Record:** The legal health record will consist of the electronic health documentation and any archived paper CMS medical records. The legal health record is the repository for information of the enrollee's health history, past and present illnesses and documentation for the continuum of care and treatment provided by CMS.
- C. **Purge:** When a document should be removed from the CMS record and disposed of or destroyed.
- D. **Disposition:** Destruction of an inactive CMS record that has met the retention schedule. The final action before the disposal of a public record that meets all retention requirements and is no longer needed for current state business.
- E. **Medical Record Authentication:** The electronic signature of the staff who made an entry into a medical record. The electronic signature will include the full name, date and time.
- F. **Care Coordination Module (CCM):** The electronic documentation system for CMS.
- G. **Electronic Health Record (EHR):** Refers to an individual enrollee's medical record stored within a computer system or application.
- H. **Kids Integrated Data System (CMS-K.I.D.S.):** An electronic system comprised of applications and modules for the business of Children's Medical Services.
- I. **Children's Medical Services (CMS):** A statewide managed care service system that includes health care providers as defined in Chapter 391, Florida Statutes (F.S.) and providing services as defined by Chapter 409 F.S.

VI. Protocols

A. Outcomes: This policy establishes uniform operating procedures for CMS Records Management to ensure information is available when and where it is needed, in an organized and efficient manner, and in an appropriate environment. The policy establishes a uniform effort to control and manage CMS records throughout their life cycle, from creation to final disposition. The CMS Medical Record consists of both paper and electronic media.

B. Personnel: CMS Office of Managed Care Plan staff, CMS Area Office staff and CMS Contracted Entities.

C. Competencies: Computer skills, knowledge of CMS and DOH policies regarding records retention and management, knowledge of health information documentation standards, knowledge of the Care Coordination Module (CCM)/Electronic Health Record (EHR)

D. Areas of Responsibility: Director, Office of Children's Medical Services Plan & Specialty Programs, Director, Office of Children's Medical Services Plan Administration, Director, Office of Children's Medical Services Plan Operations & Specialty Programs.

VII. Procedures**A. Medical Record Format-Archived Paper Records for Current Enrollees**

1. All archived paper CMS medical information for current CMS enrollees must be kept in a standard medical record binder. This binder will secure the documents at the top of each page.
2. Allergy stickers will be placed on the front of the record (NKA or applicable allergies).
3. The archived CMS record will be arranged on the LEFT side of the record in the following front to back order:
 - a. Authorization Information,
 - b. Immunizations,
 - c. Lab/X-ray/Diagnostic Studies,
 - d. Insurance,
 - e. Legal Documents,

- f. Enrollee Information,
 - g. Medical Foster Care (MFC) and
 - h. Correspondence/Misc. (see Appendix A for a list of items to be placed under each tab).
4. The CMS archived record will be arranged on the RIGHT of the record in the following front to back order:
 - a. MD Records,
 - b. Meds/Orders,
 - c. Assessment/Care Plan,
 - d. Social Services,
 - e. Staffings,
 - f. Therapy/Nutrition,
 - g. Hospital reports,
 - h. Growth Charts and
 - i. Behavioral Health (BH). (See Appendix A for a list of items to be placed under each tab)
5. The CMS record should be free of staples, paper-clips, post it note stickers, etc.
6. Records are accessible ONLY to authorized personnel. Records must be kept in a secure, locked centralized location when not in use. This location may not be a staff member's office, but must be available to all authorized personnel. The medical record room or file should remain locked when not in use or during all non-business hours.
7. Access to the CMS medical record will be limited to employees and providers with a "need to know" and the authority to access protected health information.
8. Once a medical record of an enrollee has been scanned and indexed in the Electronic Health Record (EHR), the paper record will become obsolete for day- to-day use and will become an archived piece of the active enrollee's

CMS medical record and will be stored at the local CMS Area Office until enrollee closure. No additional information should be placed in an archived medical record once scanning has occurred.

B. Electronic Medical Records

1. CMS will maintain a single, integrated electronic medical record for each enrollee in which all program staff and contracted entities will document CMS services delivered. The layout of the CMS medical record is standardized across the state to provide a consistent format for staff and providers that review records in multiple CMS Area Offices.
2. The enrollee's assigned Care Coordinator has primary responsibility for the maintenance of the electronic record.
3. All scanned information will be indexed based on established CMS policy, CMS Medical Records Scanning and Indexing (HCMSP 145-502).

C. Medical Records Request

1. All medical record requests to the Area Office must be submitted in writing in one of the following formats:
 - a. CMS Closed Medical Record Request Form (Appendix B)
 - b. Social Security Administration (SSA) Form SSA-827
 - c. DOH Authorization to Disclose Confidential Information, DH 3203 [Electronic Forms Warehouse](#)
 - d. Signed Medical Release Form
 - e. Subpoena
2. Original documents are NOT released. Copies must be made of the requested documents and originals placed back in the CMS medical record. For legal purposes, CMS may release only records generated by CMS and no other provider's medical documentation. Requestors should be directed to individual providers to request documents generated by that provider.
3. When enrollee CMS medical records are requested by private attorneys, contact and coordinate the records release through your local DOH attorney.
4. Florida Statutes require "copies of any CMS enrollee medical record relevant to litigation of a medical negligence claim or defense shall be provided to a claimant or a defendant or to the attorney thereof, at a reasonable charge within ten (10) business days of a written request for copies" (766.204 F.S.)

5. Charges for copying public record request is \$0.15 per single page, plus cost of mailing/shipping.
6. Medical record requests will be tracked using the CMS Medical Records Request Log. (Appendix C)

D. Medical Records Release

1. Via Fax-Enrollee information should be faxed ONLY when it is for the purpose of treatment, including diagnosis of the enrollee, payment processing, healthcare operations or with specific authorization from the enrollee.
 - a. Fax information must go to a designated machine to receive or transmit confidential information and must be maintained in a secured area.
 - b. Fax machines designated for transmitting confidential information must have the ability to generate activity reports or a call shall be made to confirm receipt.
 - c. A cover sheet marked "**confidential**" and containing the following paragraph must accompany all confidential transmissions: *"This transmission may contain material that is CONFIDENTIAL under federal law and Florida Statutes and is intended to be delivered to only the named addressee. Unauthorized use of this information may be a violation of criminal statutes. If this information is received by anyone other than the named addressee, the recipient shall immediately notify the sender at the address or the telephone number above and obtain instruction as to the disposal thereof. Under no circumstances shall the material be shared, retained or copied by anyone other than the named addressee."*
 - d. All enrollee medical information is confidential and will be faxed ONLY in the best interest of providing continued enrollee care and when there is a signed DOH Authorization to Disclose Confidential Information form in the record. (See DOH Information Security and Privacy Policy, DOHP 50-10).
2. Via Mail –All medical records mailed are to be double enveloped (see DOH Information Security and Privacy Policy, DOHP 50-10).

- a. The enrollee's CMS record is placed inside a blank envelope and is sealed and marked "Confidential" and specifies the recipient.
- b. The first envelope is placed inside a second that contains the requestor's mailing information. The outside envelope is sealed and marked "Confidential". The requested CMS medical record documentation is mailed "Certified – Return Receipt Requested".
- c. A secured mail intake site must be used to receive incoming confidential information such as laboratory results, enrollee medical records and surveillance case reports.
- d. Mailrooms and mailboxes must be secured to prevent unauthorized access to incoming and outgoing mail.

E. Documentation of Medical Record Release

1. Document the release of the CMS record in the "Notes" section of the Care Coordination Module (CCM) by adding the note type "Clerical" and the note title "Records Disclosure."
2. Document the following information:
 - a. Requester's Name,
 - b. Requester's address and phone number,
 - c. Date request received,
 - d. Number of pages of the requested record, and
 - e. Date record is mailed.

F. Medical Record Interoffice Transfer

1. When a currently enrolled CMS enrollee relocates within the state to an area served by another CMS Area Office, the enrollee's archived CMS record will be forwarded to the receiving Area Office prior to transfer or within 10 working days of becoming aware of the transfer.
2. Duties for the transferring office can be found in the CMS Policy, CMS Medicaid Client Disenrollment, Closure & Transfer, HCMSP 145-302. This policy can be located on the CMS Intranet and the DOH Website.

3. In the event an enrollee is transferring to another CMS Area Office and the paper record has not yet been scanned and indexed into the EHR, the **transferring office** must perform such task prior to transferring the record to the receiving office.
4. There is no requirement for transferring the current electronic medical record as the new office can access the record immediately. When an enrollee is transferred from one CMS Area Office to another CMS Area Office, the "Office Change" page in the Eligibility Determination (ED) application of CMS-K.I.D.S. will be used. The **receiving office** will make the changes using the steps below:
 - a. Go into ED and open the Demographic-Office Change page.
 - b. Select the New Office or New County that the enrollee should be assigned to and select the reason for the change.
 - c. Click Save.
 - d. The new office will immediately be reflected in ED while the change in the Facets/Safety Net record may take several days to display.
 - e. **Note:** If the office change is made on the 1st through the 10th of the month, then the new office will be assigned starting that month. If it is changed after the 10th, then the new office assignment will begin the 1st of the following month.
 - f. In the event that an enrollee is assigned to an office that is different than what will come over on the Title XIX or Title XXI enrollment file, then the office lock feature will be used. A common scenario for this is if the parent or legal guardian has not changed the address with Medicaid or KidCare.
 - g. To use the office lock feature, follow steps (a) and (b) above, but in addition to selecting the reason for the change, select the Area Office Lock button and click save.
 - h. Locking an enrollee to a specific office ensures that the enrollment file will not override the office you have assigned.

G. Medical Record Closure

1. Remove material from the archived CMS medical record binder.

2. Thin the record of all extraneous information other than the document types listed below, **except** when the Department of Health is under a litigation hold, during which time no documentation may be destroyed.
 - a. Clinical eligibility forms
 - b. Assessments
 - c. Care plans
 - d. Record of treatments notes
 - e. Care coordination documentation
 - f. Clinic notes
 - g. Clinic dictation
 - h. Financial eligibility forms (Safety Net)
 - i. Service authorization forms
 - j. Out-of-State paperwork requests
 - k. Physician order forms
 - l. Physician consultation notes
 - m. Hospital discharge and operative notes
 - n. Legal documents pertaining to guardianship
3. The CMS record should be free of staples, paper-clips, post it note stickers, etc.
4. Assemble each CMS record in the following order front to back with each section being maintained with the most recent information first:
 - a. CMDS Face Sheet (if applicable)
 - b. Application for Care: Include all application forms for the full period of the enrollee's care, both handwritten forms and electronic forms.

- c. Financial Information: Include Safety Net Eligibility determination forms, participation Agreements, and signed Sponsorship Agreements.
 - d. Legal information: Include copies of court orders, and other legal documents.
 - e. Record of treatment (ROT): Sort these chronologically, with the most recent date on top.
 - f. Consult Reports: Physician and other provider reports.
 - g. Operative Reports
 - h. Enrollee Medical Information Forms: Include physician's orders, discharge summaries, discharge plans, staffing summaries, habilitation plans, all nurse specialist forms, and other forms containing medical information.
 - i. Correspondence
 - j. Insurance Information: This excludes copies of the insurance card and claim forms kept by the Financial Counselor. Only information in the medical record should be included.
 - k. Medical release Forms/Consents: All executed consent forms including consent for services, photo consents, equipment releases and other formal consents. Keep only signed copies of the release.
5. Place each CMS record in a folder and label with enrollee name (last, first).
 6. All information on the Closed Medical Record Filing Form (Appendix D) must be completed in black or blue ink. This form must be placed as the first document in a closed medical record.
 7. Copy all electronic documentation to a CD from CAP, if still accessible and attach to the closed medical record. All CAP notes should be printed and placed with the archived paper record.
 8. Records will be boxed in order by year of closure. A Closed Medical Record Packing List Form (Appendix E) will be included in each box. This document will be typed or written legibly in blue or black ink. .

H. Archive Process:

1. Only CMS enrollees who are now closed to CMS will be shipped to Tallahassee for archiving.
2. Referrals and applicants are **not** included as they are not officially enrolled in CMS. These referral and applicant records used prior to the Eligibility Determination (ED) system should be stored at the local Area Office for one year. If not enrolled after one year, the record should be destroyed (shred) to ensure no security breach of client information. Screenings in ED will always remain for historical purposes.
3. There should be only one principle CMS record for each enrollee. Designated staff will ensure all CMS program records (i.e. Medical Foster Care - MFC client records; CMAT records) have been merged/integrated into this one principle record.
4. Designated staff will ensure all electronic information from CAP is included either as a hard copy or downloaded to a disc.
5. Designated staff will forward all CMS records of closed enrollees to Tallahassee that are greater than one year post closure.

Notes:

- a) CMS closed medical records are retained for 10 years post closure date. CMS Office of Managed Care will destroy records that have reached their retention schedule per DOH policy, Records Management (DOHP 250-2).
 - b) Storage/archive of Medical Home closed records are the responsibility of the Medical Home Project Contractor and are **not** included in the CMS archive process.
 - c) CMS is not responsible for storage/archive of Primary Care Physician and Specialty Care Physician medical records. Closed records are the responsibility of the Primary Care Physician and Specialty Care Physician and are **not** included in the CMS archive process.
6. Each box should be in good condition. Use the following box size/dimensions: 10 inches high by 12 inches wide by 15 inches long with attached closing flaps.
 7. There should be a clear point of division (tabbed folder-divider) between each CMS record within each box.
 8. Use the Closed Medical Records Filing Form (Appendix D) as the first page of each record.

9. Each box must be numbered (example #1, #2,.... #20) and contain a comprehensive packing slip/shipping manifest (Appendix E). A copy of this manifest **will** be retained by the CMS Area Office. The manifest will be labeled with the corresponding number as indicated on the box.
10. Label the outside of each box. Include a note as to the city from which the shipment originated. Use ample clear packing tape to secure box.
11. Contact Image API at 850-222-1400 to coordinate your specific shipping date within your scheduled month.
12. Secure & cover entire shipping label with clear packing tape.

Send all shipments to:

Image API, Inc.
Project Code #190
2002 Old St. Augustine Road
Building D
Tallahassee, Florida 32301

13. If boxes are improperly packaged for shipment you risk having them returned for proper preparation.
14. All shipments **will** have signature confirmation service. CMS Area Office staff will print & sign name indicating release of records to shipping vendor.
15. Receiving vendor, Image API staff, will print & sign name indicating delivery of records.
16. All signees will confirm the number of boxes shipped, and delivered, and will match the shipping documents.
17. Shipping expenses are managed by CMS Office of Managed Care Plan through the use of a purchase order.
18. CMS Area Office staff will confirm delivery of each box by receiving vendor within 72 hours. CMS Area Office staff **will** notify CMS Office of Managed Care Plan within 7 days of any undelivered/missing box(s). Notification will be in writing and then followed by direct phone contact with the CMS Office Of Managed Care Plan Medical Records Management Liaison.

VIII. Distribution List

All CMS employees

IX. History Notes

01/01, 08/03, 09/08, 6/10, 7/11, reviewed 03/13, revised 12/2013, revised 10/2014, revised 07/2016

X. Appendices

- | | |
|--|------------|
| 1. Medical Records Management Tool | Appendix A |
| 2. Closed Medical Record Request Form | Appendix B |
| 3. Closed Medical Record Request Form | Appendix C |
| 4. Closed Medical Record Filing Form | Appendix D |
| 5. Closed Medical Records Packing List | Appendix E |

APPENDIX A

Medical Records Management Tool

Medical Record Element LEFT-Side
APPLICATION (No Tab)
Enrollee Information Form/Application (current)
Referral Form
Clinical Eligibility Screening Tool
Financial Eligibility Assessment (current)
Cost Sharing Agreement (current)
AUTHORIZATION INFORMATION
Referral and Coordination Forms
Provider and Service Contact Sheet
IMMUNIZATIONS
Immunization Records
Immunization Waiver Form (medical/religious)
LABORATORY/RADIOLOGY/ DIAGNOSTIC STUDIES
Lab Reports
Radiology Reports, MRI, Ultrasound <ul style="list-style-type: none"> • X-ray Interpretations • GI studies • Feeding/Swallowing Studies
EEG, EKG, ABR, BAER, ECHO, Audiogram, PFT, Sleep Studies, etc;
Cardiac Catheterization Reports
Pulse Oximetry. or Apnea Monitor Reports
INSURANCE
MediPass CMS Client Enrollment and Disenrollment Forms
Insurance Verification Form or Information (current)
Medicaid/Medically Needy Eligibility Display Printout (current)
Insurance Card Copy
KidCare Eligibility Form
KidCare Letter (Information, Welcome, etc.)
KidCare Application copy

APPENDIX A

Medical Record Element LEFT- Side continued
LEGAL DOCUMENTS
Notice of Privacy - HIPPA (DH 150741)
Consent Forms <ul style="list-style-type: none"> • Consent for Evaluation and Treatment (DH-CMS 1074) • Authorization to Disclose Confidential Information (DH 3203) • Initiation of Services (DH 3204) • Documentation of Good Faith Efforts Form
Birth Certificate
Social Security Card Copy
Citizenship Information/Legal Alien Status/Permanent Resident Card (current)
Subrogation Worksheet
Equipment Liability Release
Legal Correspondence
CLIENT INFO
RPICC Forms (current)
Out of date patient forms <ul style="list-style-type: none"> • Partnership Agreement • Obsolete Information Release Form
Photographs/News Articles
Medical Foster Care (MFC) <ul style="list-style-type: none"> • MFC Child Specific Verification Training forms
Partners in Care <ul style="list-style-type: none"> • Referral Form • Authorization Form • Initial Plan of Care (PIC:TFK) • Update Plan of Care • Copy of any correspondence
CORRESPONDENCE / MISCELLANEOUS
Referrals to other agencies/providers
Information correspondence
Letters sent by CMS
Returned Correspondence
Letters received by CMS
Obsolete forms - FSP, CMSP

APPENDIX A

<i>Medical Record Element RIGHT - Side</i>
RECORD OF TREATMENT NOTES (No Tab)
<ul style="list-style-type: none"> • Nurses • Social Services • Clerical
Hospital Rounds Notes <ul style="list-style-type: none"> • social worker • neonatal nurse • member services
Enrollment Checklist
Clinical Eligibility Determination Form
Re-Determination Checklist
Closure/Transfer Sheet
MD RECORDS
CMS Clinic Dictation <ul style="list-style-type: none"> • Satellite Clinic Dictation
Pre/Post Clinic Notes/ Worksheets Physician Office Visits
MEDS/DME/NUTRITION
Pharmaceutical Information
Copy of Current Prescriptions
Fax/Verbal Orders
Verbal Order Form (Verification of Physician Telephone Order)
Hearing Aid Clearance Form
School Medication Exception Form
Medical Protocol <ul style="list-style-type: none"> • Trach care protocol • Titration schedules • Oncology protocol • Medication weaning schedules
Food Supplement/WIC Forms
Nutrition Orders/Recommendations
DME Orders
Therapy Orders

APPENDIX A

<i>Medical Record Element RIGHT -Side Continued</i>
ASSESS/CARE PLAN
Physical Assessments
Care Coordination Plans
Disaster/Shelter/Transition Plan (may be incorporated in care plans)
SOCIAL SERVICES/ FAMILY HEALTH PARTNER
Social Work Referral Form
Social Services Child and Family Interview
Social Service Notes <ul style="list-style-type: none"> • Discharge planning • Hospital rounds
Abuse/Neglect/Exploitation Referrals/Reports
Family Health Partner Info/Notes
STAFFINGS/SPECIALITIES
CMAT <ul style="list-style-type: none"> • Nursing Assessment • Psychosocial Assessment • Staffing Summaries • CMAT invitations
CPT, EIP, School Staffing, IEP
School Reports/Information
Brain Spinal Cord Injury Program
THERAPY/NUTRITION
Nutrition Reports
Therapy Reports
HOSPITAL REPORTS
Admission History/Physical Report
Inpatient Consultation/Tests
ER Reports
Discharge Summary
Operative Reports
GROWTH CHARTS
Growth Chart
Head Circumference Form
BEHAVIORAL HEALTH (BH)
BH authorization form

APPENDIX B



Closed Medical Record Request Form

Date Requested: _____

Last Name of Enrollee/Patient: _____

First Name of Enrollee/Patient: _____

Middle Name or Initial of Enrollee/Patient: _____

Date of Birth: _____ Social Security Number: _____

MMI# _____ Area Office Completing Closure: _____

Date of Closure: _____

- Reason for request:** _____
- _____ Re-enrollment into CMS
 - _____ Family Request of Records
 - _____ Attorney Request or Subpoena
 - _____ Social Security Administration (Disability)

Documentation to be submitted:

_____ Signed DOH Consent for Routine Release of PHI (DH 3206)

_____ Copy of Subpoena, if applicable

_____ Signed Social Security Administration (SSA) form - 827

Requestor: _____

Title: _____ Phone: _____

Address to send records: _____

CMS Medical Records Request Log

LAST NAME	FIRST NAME	Date of Birth	Social Security #	MMR#	Documentation submitted R = signed release form RE = Re-Enrollment S = Subpoena	Requestor Name & Title	Requestor Location	Date Requested	# of Pages Copied	Date request filled and mailed out certified mail	Comments

APPENDIX D

CLOSED MEDICAL RECORD FILING FORM

Enrollee Last Name _____

Enrollee First Name _____

Middle Name / Initial _____

Date of Birth _____

Social Security # _____

MMI# _____

Closure Date _____

Area Office Completing
Closure _____

APPENDIX E

Originating Area Office: _____

Address: _____

City, State, Zip: _____

To: Image API, Inc.
 Project Code #190
 2002 Old St. Augustine Road
 Building D
 Tallahassee, Florida 32301

CLOSED MEDICAL RECORDS PACKING LIST- SHIPPING MANIFEST

CONFIDENTIAL

Last Name	First Name	Middle Name / Initial	Date of Birth	Social Security Number	MMI Number	Date of Closure	Area Office Completing Closure