



Policy: GG.1618
Title: **Member Request for Medical Records**
Department: Medical Management
Section: Quality Improvement

CEO Approval: /s/ Michael Hunn 02/06/2025

Effective Date: 08/01/1998

Revised Date: 02/01/2025

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines the responsibility of a Practitioner and Provider to provide Member access to Medical Records that pertain to the Member.

II. POLICY

- A. Practitioners and Providers shall abide by all federal and state laws regarding confidentiality and Disclosure of Medical Records and other health and enrollment information, as well as applicable CalOptima Health policies and procedures.
- B. Practitioners and Providers shall establish procedures to ensure timely Member access to records and information that pertains to the Member.
- C. A Member shall have the right to inspect, or copy, their protected health information (PHI) in a Designated Record Set (DRS), upon verbal request, unless a Practitioner, or Provider, specifically requires a written request. If a Practitioner, or Provider, requires a written request for a Member to inspect, or copy, their PHI in a DRS, such Practitioner, or Provider, shall inform the Member of this requirement in the Notice of Privacy Practices (NPP).
- D. If a Member agrees, in advance, to a summary, or explanation, and fees imposed, if any, for a summary, or explanation, a Practitioner, or Provider, may provide the Member with the following in lieu of providing access to the PHI:
 - 1. A summary of the requested PHI; or
 - 2. A verbal explanation of the PHI.
- E. A Practitioner or Provider shall provide Member access to inspect, or obtain a copy, of the PHI as follows:
 - 1. A Practitioner or Provider shall provide access to the Member's PHI in their possession regardless of the party that created such information. If the Practitioner or Provider does not maintain the requested PHI, and knows where to obtain it, they shall direct the Member where to submit the request.

2. A Practitioner or Provider shall provide access only to non-duplicative information.
 3. A Practitioner or Provider shall provide access to information for as long as they keep such records.
 4. A Practitioner or Provider shall provide access to information in the format requested, if possible.
 5. A Practitioner, or Provider, shall provide Member access to their Designated Record Set (DRS), as appropriate.
- F. Practitioners and Providers shall furnish to another treating, or consulting, Practitioner, or Provider, at no cost to the Member, a copy of a Member's Medical Record under the following circumstances:
1. If the record is necessary to facilitate the continuity of care;
 2. If the Practitioner, or Provider, is transferring the Member to another Practitioner, or Provider, for medical care; or
 3. If the Member is obtaining a second opinion.
- G. A Practitioner or Provider shall not withhold a Member's Medical Records, or summaries of such records, due to an unpaid bill for health care services. CalOptima Health and its Health Networks shall sanction any Practitioner, or Provider, who willfully withholds Member Medical Records, or summaries of such records, because of an unpaid bill for health care services, pursuant to the California Health and Safety Code, Section 123100.
- H. If requested by a Member or Member's Authorized Representative, CalOptima Health shall offer access to the Member's electronic Medical Record in accordance with the CMS Interoperability Rule (85 FR 25510), and requirements specified in Title 42 Code of Federal Regulations (CFR) Section 431.60.

III. PROCEDURE

- A. If a Practitioner or Provider provides a summary of the requested PHI, such summary shall include the following, for each injury, illness, or episode:
1. Chief complaint, or complaints, including pertinent history;
 2. Findings from consultations and referrals to other Practitioners, or Providers;
 3. Diagnosis, where determined;
 4. Treatment plan and regimen, including medications prescribed;
 5. Progress of the treatment;
 6. Prognosis, including significant continuing problems, or conditions;
 7. Pertinent reports of diagnostic procedures and tests;
 8. All discharge summaries;

9. Objective findings from the most recent physical examination, such as blood pressure, weight, and actual values from routine laboratory tests; and
 10. A list of all current medications prescribed, including dosage, and any sensitivities, or allergies, to medications recorded by the Practitioner, or Provider.
- B. A Practitioner or Provider shall arrange with a Member a convenient time and place to inspect, or obtain a copy of the PHI, or shall mail a copy at the Member's request, in accordance with the terms and conditions of this policy.
- C. A Practitioner or Provider shall provide a Member access to inspect, or obtain a copy of, Medical Records within the following time frames:
1. Within five (5) working days after receiving a Member's written request;
 2. Within ten (10) working days after receiving a Member's request for a summary; or
 3. Within thirty (30) calendar days after receiving a Member's request, if the Practitioner, or Provider, notifies the Member of the delay due to the length of the record, or because the Member was discharged from a hospital within ten (10) calendar days prior to the request.
- D. For individual-level United States Core Data for Interoperability (USCDI), CalOptima Health shall make the data available to the Member or their Authorized Representatives with the following time frames:

Type of Information	Time by Which Information Must be Accessible
Adjudicated claims data and cost data, including claims that may be appealed, were appealed, or in the process of appeal	Within one (1) business day after a claim is processed
Encounter data for capitated Providers	Within one (1) business day after receiving data from Providers
Clinical data, including diagnoses and related codes, and laboratory test results	Within one (1) business day after receiving data from Providers
Information about covered outpatient drugs as part of medical services, and updates to such information, including, costs to the Member, and preferred drug list information, if applicable	Within one (1) business day after the effective date of any such information or updates to such information

- E. A Member or a Member's Personal Representative may obtain copies of all, or any portion, of the Member's Medical Records that they have a right to inspect:
1. Upon presenting a written request for a copy of records by the Member; and
 2. Upon presenting a fee to defray the cost of copying the records that shall not exceed twenty-five cents (\$0.25) per page, or fifty cents (\$0.50) for records copied from microfilm.
- F. Except as otherwise stated in this policy, a Practitioner or Provider shall provide and transmit copies of a Member's Medical Records within fifteen (15) working days after receiving a written request.

- G. A Member, former Member, or a Member's Personal Representative may obtain a copy, at no charge, of the relevant portion of the Member's Medical Records, upon presenting to the Practitioner or Provider a written request, and proof that the records are needed to support an appeal regarding eligibility for a Public Benefit Program, within thirty (30) calendar days after receipt of written request.
- H. A Practitioner or Provider shall not limit a Member to a single request for Medical Records. However, the Member, or a Member's Personal Representative, may obtain no more than one (1) copy of any relevant portion of the Member's Medical Records free of charge.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. California Health and Safety Code, §123100
- B. CalOptima Health Contract with the Centers for Medicaid and Medicare Services (CMS) for Medicare Advantage
- C. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- D. Department of Health Care Services All Plan Letter (APL) 22-026: Interoperability and Patient Access Final Rule
- E. Title 42, Code of Federal Regulations (CFR), Section 431.60
- F. CMS Interoperability Rule (85 FR 25510)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
05/02/2023	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	08/01/1998	GG.1618	Member Request for Medical Records	Medi-Cal
Revised	02/01/2002	GG.1618	Member Request for Medical Records	Medi-Cal
Revised	04/01/2007	GG.1618	Member Request for Medical Records	Medi-Cal
Revised	04/01/2013	GG.1618	Member Request for Medical Records	Medi-Cal OneCare
Revised	08/01/2015	GG.1618	Member Request for Medical Records	Medi-Cal OneCare OneCare Connect
Revised	12/01/2016	GG.1618	Member Request for Medical Records	Medi-Cal OneCare OneCare Connect
Revised	12/01/2017	GG.1618	Member Request for Medical Records	Medi-Cal OneCare OneCare Connect

Action	Date	Policy	Policy Title	Program(s)
Revised	01/01/2019	GG.1618	Member Request for Medical Records	Medi-Cal OneCare OneCare Connect
Revised	02/01/2020	GG.1618	Member Request for Medical Records	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1618	Member Request for Medical Records	Medi-Cal OneCare
Revised	03/01/2023	GG.1618	Member Request for Medical Records	Medi-Cal OneCare
Revised	03/01/2024	GG.1618	Member Request for Medical Records	Medi-Cal OneCare
Revised	02/01/2025	GG.1618	Member Request for Medical Records	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Authorized/Personal Representative	For purposes of this policy, a person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting in loco parentis who have the authority under applicable law to make health care decisions on behalf of unemancipated minors and as further described in CalOptima Health Policy HH.3009: Access, Use, and Disclosure of PHI to a Member's Authorized Representative.
Designated Record Set	<p>Has the meaning given such term in Section 164.501 of Title 45, Code of Federal Regulations. A group of records maintained by or for a covered entity that is:</p> <ol style="list-style-type: none"> 1. The Medical Records and billing records about individuals maintained by or for a covered health care Provider; 2. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or 3. Used, in whole or in part, by or for the covered entity to make decisions about individuals. <p>The term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.</p>
Disclosure	Has the meaning in 45, Code of Federal Regulations Section 160.103 including the following: the release, transfer, provision of access to, or divulging in any manner of information outside of the entity holding the information.
Medical Record	<p><u>Medi-Cal</u>: The record of a Member's medical information including, but not limited to, medical history, care or treatments received, test results, diagnoses, and prescribed medications.</p> <p><u>OneCare</u>: A Medical Record, health record, or medical chart in general is a systematic documentation of a single individual's medical history and care over time. The term "medical record" is used both for the physical folder for each individual patient and for the body of information which comprises the total of each patient's health history. Medical Records are intensely personal documents and there are many ethical and legal issues surrounding them such as the degree of third-party access and appropriate storage and disposal.</p>
Member	A beneficiary enrolled in a CalOptima Health program.
Practitioner	A licensed independent Practitioner including, but not limited to, a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Licensed Midwife (LM), Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), or Speech and Language Therapist, furnishing Covered Services.

Term	Definition
Protected Health Information (PHI)	<p>Has the meaning in 45 Code of Federal Regulations Section 160.103, including the following: individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium.</p> <p>This information identifies the individual or there is reasonable basis to believe the information can be used to identify the individual. The information was created or received by CalOptima Health or Business Associates and relates to:</p> <ol style="list-style-type: none"> 1. The past, present, or future physical or mental health or condition of a Member; 2. The provision of health care to a Member; or 3. Past, present, or future Payment for the provision of health care to a Member.
Provider	<p><u>Medi-Cal</u>: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.</p> <p><u>OneCare</u>: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.</p>