



Policy: PA.6001  
Title: **Medical Records Maintenance**  
Department: CalOptima Health PACE  
Section: Not Applicable

*CEO Approval: /s/ Michael Hunn 02/21/2025*

Effective Date: 10/01/2013  
Revised Date: 02/01/2025

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

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## **I. PURPOSE**

This policy defines the minimum standards for maintaining the Medical Record of a CalOptima Health Program for All-Inclusive Care for the Elderly (PACE) Participant.

## **II. POLICY**

- A. CalOptima Health PACE shall establish and maintain Medical Records for a Participant that meet the required standards for maintenance and documentation of care as set forth in this Policy.
- B. CalOptima Health PACE shall release a Participant's Medical Records, in accordance with the provisions of this policy and applicable statutory, regulatory, contractual, other CalOptima Health policies and requirements.
- C. CalOptima Health PACE retains the ownership and assurance of accurate Medical Records of CalOptima Health PACE Participants. CalOptima Health PACE shall protect and safeguard all Medical Records in an organized manner in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

## **III. PROCEDURE**

### **A. Organization**

- 1. Each CalOptima Health PACE Center site shall have at least one (1) Program Specialist, Medical Records, or designee, as the individual(s) responsible for the Medical Record system by which the site collects, processes, maintains, stores, secures, retrieves, and distributes clinical information.
- 2. Active Medical Records shall be organized in a systematic filing method that facilitates retrieval upon demand.
- 3. Active Medical Records shall be stored in the electronic health record that protects the Medical Records from loss, tampering, alteration, or destruction.
- 4. Inactive Medical Records (through disenrollment or deceased) for a Participant shall be retained for ten (10) years.

- a. Inactive Medical Records may be stored in electronic or hard copy format.
- b. Inactive Medical Records shall be stored in a secured approved Medical Record storage location with restricted access that meets the same security requirements for active medical records.
- c. Inactive Medical Records shall be retrievable within thirty (30) business days, if necessary.

#### B. Format and Filing

1. An individual Medical Record shall be established for each Participant and shall be updated for each visit or encounter in accordance with the standards of documentation by each respective discipline that provides services to the Participant.
2. A Participant's Medical Record shall be legible, current, detailed, and organized in a comprehensive manner (records may be electronic or paper copies).
3. If paper-based, all documents shall be filed chronologically within the Medical Record with the Participant's name and the name of the site location for which that Participant is assigned on each document. Serial reports such as laboratory or x-ray reports may be filed in a segregated manner in chronological order. Documents must be secured in the folder to prevent loss.
4. Authorized discipline documentation into a Participant's Medical Record shall be completed by the end of the day for such encounter. Any deviation from this requirement shall be noted as a late entry and shall designate the actual date of the encounter for which the documentation entry refers.
5. All external reports shall be filed or entered into the Medical Record within forty-eight (48) hours after receipt of the report. Reports subject to this provision include, but are not limited to:
  - a. Laboratory reports;
  - b. Radiology and other imaging reports;
  - c. Consultation reports;
  - d. Hospital reports (admission/outpatient procedures); and
  - e. Emergency department reports, if available.

#### C. Content

1. A Participant's Medical Record shall reflect all aspects of patient care, including ancillary, and dental services. Each Medical Record shall comply with the requirements of Title 42 Code of Federal Regulation, §460.210(b) and include documentation of all services furnished as follows:
  - a. The identity of the Participant's PCP;
  - b. A summary of Emergency Care and other inpatient or long-term care services, including hospital discharge summaries for all hospital admissions;
  - c. Services furnished by employees of the CalOptima Health PACE Center;

- d. Services furnished by contractors and their reports;
  - e. A problem list, including significant illnesses and medical and psychological conditions;
  - f. Presenting subjective complaints, the objective findings, and the plan for diagnosis and treatment;
  - g. Information on allergies and adverse reactions (or notation that the Participant has no known allergies or history of adverse reactions);
  - h. Prescribed medications, including dosages and dates of initial or refill prescriptions;
  - i. Information on Advance Directives or Do Not Resuscitate (DNR) orders, including documentation on whether the Participant has been informed and has executed any such Advanced Directive or DNR order;
  - j. All informed consent documentation;
  - k. Consultations, referrals, laboratory, pathology, and specialists' reports, with any abnormal results having an explicit notation in the record;
  - l. Past medical history, physical examinations, necessary treatments, and possible risk factors for the Participant relevant to the particular treatment;
  - m. Assessments or interventions by the respective disciplines of the Interdisciplinary Team (IDT) that are, in accordance with documentation standards of such IDT member's clinical standards;
  - n. All Service Determination Requests (SDR) for care and services and, if the service is not approved, the reason for not approving or providing that care or service, in accordance with CalOptima Health PA.2022: Service Determination Requests (SDR); and
  - o. Any additional identifying information or preferences of the Participant.
2. Participant's demographic information including, but not limited to the Participant's:
- a. Name and address;
  - b. Age and birth date;
  - c. Sex;
  - d. Telephone number;
  - e. Emergency contact person and nearest relative (phone numbers for each contact person);
  - f. Primary or preferred language spoken, including any request or refusal of language or interpretation services; and
  - g. Use of auxiliary aids and services for effective communication with Participants with disabilities.

3. Participant health education shall be documented in the Medical Record, including information on applicable chronic care maintenance and nutritional guidelines.
4. Participant's noncompliance with any aspect of the Plan of Care shall be documented by the appropriate discipline responsible for such aspect of the Plan of Care; the documentation shall include employee efforts to obtain compliance and reasons for noncompliance.
5. Immunizations screening results shall be recorded in a Participant's Medical Record with a lot number and expiration date.

D. Authentication of Medical Record Entries

1. All Medical Record entries shall be dated and signed, either in-person or electronically, by each employee providing the service.
2. A signature shall consist of the first initial, last name, and title of the person making the entry.
3. An electronic signature shall be by secured computer entry by a unique identifier of the primary author who has reviewed and approved the entry.

E. Confidential Information

1. The CalOptima Health PACE Director shall be responsible for maintaining, monitoring, and enforcing employee compliance in keeping Participant information confidential.
2. Participant Medical Records and Participant-related information shall be handled in a confidential manner, in accordance with applicable statutory, regulatory, federal (including HIPAA), contractual, CalOptima Health policy, and other applicable requirements.
3. Access to a Participant's Medical Record is limited to the employee and contract provider providing service to the Participant, subject to the requirements of Medical Record Release outlined below.
4. A Participant or their Representative may review or request a copy of their Medical Record, by utilizing the *Individual Request for Access to PHI Form*. CalOptima Health PACE shall respond to all requests for copying and reviewing Medical Records within thirty (30) days after receipt of request, in accordance with CalOptima Health Policy HH.3001: Member Access to Designated Record Set.
5. A Participant or their Representative may request to amend or correct their Medical Record in accordance with CalOptima Policy HH.3004: Member Request to Amend Records.
  - a. Any requests for amended medical diagnoses or corrections to the care plan must be in writing by the Participant or their Representative and submitted to the CalOptima Health Privacy Officer for review utilizing the *Member Request to Amend Protected Health Information Form*.
  - b. The CalOptima Health Privacy Officer shall discuss any request for amendment with the CalOptima Health PACE Center Manager and Medical Director.
6. CalOptima Health PACE shall advise each new employee and contractor of the importance of maintaining confidentiality of Participants' Medical Records and shall provide the new employee and contractor with a written copy of the confidentiality requirements. The employee

shall be responsible for reading and affixing their signature to the statement indicating their understanding and willingness to abide by such requirements.

**F. Medical Record Release**

1. CalOptima Health PACE shall follow all applicable statutory, regulatory, federal, contractual, CalOptima Health policy, and other requirements pertaining to the release of a Participant's Medical Record.
2. CalOptima Health PACE shall release a Participant's Medical Record or portion thereof in accordance with CalOptima Health Policies HH.3015: Member Authorization for the Use and Disclosure of Protected Health Information (PHI), HH.3009: Access by Member's Representative, HH.3011: Use and Disclosure of Protected Health Information (PHI) for Treatment, Payment, and Health Care Operations, and HH.3010: Protected Health Information (PHI) Disclosures Required by Law.

**IV. ATTACHMENT(S)**

- A. Individual Request for Access to PHI Form
- B. Member Request to Amend Protected Health Information Form

**V. REFERENCE(S)**

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for PACE
- B. CalOptima Health PACE Program Agreement
- C. CalOptima Health Policy HH.3001: Member Access to Designated Record Set
- D. CalOptima Health Policy HH.3004: Member Request to Amend Records
- E. CalOptima Health Policy HH.3009: Access by Member's Personal Representative
- F. CalOptima Health Policy HH.3010: Protected Health Information (PHI) Disclosures Required by Law
- G. CalOptima Health Policy HH.3011: Use and Disclosure of Protected Health Information (PHI) for Treatment, Payment, and Health Care Operations
- H. CalOptima Health Policy HH.3015: Member Authorization for the Use and Disclosure of Protected Health Information (PHI)
- I. CalOptima Health Policy PA.2022: Service Determination Requests (SDR)
- J. CalOptima Health PACE Desk Reference: Documentation
- K. Medi-Cal Managed Care Policy Letter 14-004
- L. Title 22, California Code of Regulation (C.C.R.), §§53861, 78431, and 78433
- M. Title 28, California Code of Regulation (C.C.R.), §§1300.67.1(c), and 1300.80(b)(4)
- N. Title 42, Code of Federal Regulation (C.F.R.), §§422.112(b), 423.505(d), 423.505(e)(4)(ii), 456.111, 456.211 and 460.210
- O. Title 45, Code of Federal Regulation (C.F.R.), §§164.524 and 164.526 (2014)
- P. Title 42, United States Code (USC) Section 1396a(w)

**VI. REGULATORY AGENCY APPROVAL(S)**

None to Date

**VII. BOARD ACTION(S)**

Date	Meeting
12/07/2023	Regular Meeting of the CalOptima Health Board of Directors

## VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	10/01/2013	PA.6001	Medical Records Maintenance	PACE
Revised	10/01/2014	PA.6001	Medical Records Maintenance	PACE
Reviewed	04/01/2015	PA.6001	Medical Records Maintenance	PACE
Revised	05/01/2016	PA.6001	Medical Records Maintenance	PACE
Revised	04/01/2017	PA.6001	Medical Records Maintenance	PACE
Revised	11/01/2018	PA.6001	Medical Records Maintenance	PACE
Revised	10/01/2019	PA.6001	Medical Records Maintenance	PACE
Revised	06/01/2022	PA.6001	Medical Records Maintenance	PACE
Revised	12/07/2023	PA.6001	Medical Records Maintenance	PACE
Revised	09/01/2024	PA.6001	Medical Records Maintenance	PACE
Revised	02/01/2025	PA.6001	Medical Records Maintenance	PACE

## IX. GLOSSARY

<b>Term</b>	<b>Definition</b>
Advance Directive	A written instruction, such as a living will or durable power of attorney for health care, recognized under California law, relating to the provision of health care when the Participant is incapacitated.
Confidential Information	Specific facts or documents identified as "confidential" by any law, regulations or contractual language.
Emergency Care	Covered services provided to a Participant immediately, because of an injury or sudden illness and the time required to reach a CalOptima Health PACE facility or a network provider would cause risk of permanent damage to the Participant's health. This includes inpatient and outpatient services. Participants are not required to receive prior authorization for emergency care.
Health Insurance Portability and Accountability Act (HIPAA)	The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of the U.S. Department of Health and Human Services (HHS) to publicize standards for the electronic exchange, privacy and security of health information, and as subsequently amended.
Interdisciplinary Team (IDT)	<p>A team composed of members qualified to fill, at minimum, the following roles, in accordance with 42 CFR 460.102. One individual may fill two separate roles on the interdisciplinary team where the individual meets applicable state licensure requirements and is qualified to fill the two roles and able to provide appropriate care to meet the needs of Participants:</p> <ol style="list-style-type: none"> <li>1. Primary Care Provider; Primary medical care must be furnished to a Participant by any of the following <ol style="list-style-type: none"> <li>a. A primary care physician.</li> <li>b. A community-based physician.</li> <li>c. A physician assistant who is licensed in the State and practices within their scope of practice as defined by State laws with regard to oversight, practice authority and prescriptive authority.</li> <li>d. A nurse practitioner who is licensed in the State and practices within their scope of practice as defined by State laws with regard to oversight, practice authority and prescriptive authority.</li> </ol> </li> <li>2. Registered Nurse;</li> <li>3. Master's – level Social Worker;</li> <li>4. Physical Therapist;</li> <li>5. Occupational Therapist;</li> <li>6. Recreational Therapist or Activity Coordinator;</li> <li>7. Dietician;</li> <li>8. CalOptima Health PACE Center Manager;</li> <li>9. Home Care Coordinator;</li> <li>10. Personal Care Attendant or their representative; and</li> <li>11. Driver or their representative</li> </ol>
Medical Records	Written documentary evidence of treatments rendered to CalOptima Health PACE Members.
Participant	An individual enrolled in the CalOptima Health PACE program.

<b>Term</b>	<b>Definition</b>
Plan of Care	As defined in Title 42, section 460.106 of the Code of Federal Regulations, a comprehensive care plan developed by the interdisciplinary team for each Participant to identify the care needed to meet the medical, physical, emotional, and social needs of the Participant, as identified in the initial comprehensive assessment.
Program of All-Inclusive Care for the Elderly (PACE)	PACE is a long-term comprehensive health care program that helps older adults to remain as independent as possible. PACE coordinates and provides all needed preventive, primary, acute and long-term care services so seniors can continue living in their community.
Representative	A person who is acting on behalf of or assisting a Participant, and may include, but is not limited to, a family member, a friend, a CalOptima Health PACE employee, or a person legally identified in a Power of Attorney for Health Care/Advanced Directive, Conservator, Guardian, etc.
Service Determination Request (SDR)	A request to initiate a service; a request to modify an existing service, including to increase, reduce, eliminate, or otherwise change a service. The SDR can also be defined as a request to continue coverage of a service that the CalOptima Health PACE Interdisciplinary Team (IDT) recommends be discontinued or reduced.