630  MEDICAL RECORD REQUIREMENTS

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INITIAL

EFFECTIVE DATE:  10/01/1994

All AHCCCS providers and Contractors must protect member information in accordance with Federal and State laws, Rules, AHCCCS policies and AHCCCS contracts.

Consistent with 9 A.A.C. 22, Article 5, AHCCCS and its Contractors, providers and non-contracted providers must safeguard the privacy of records and information about members who request or receive services from AHCCCS or its Contractors.

Information from, or copies of, medical records may be released only to authorized individuals, and processes must be in place to ensure that unauthorized individuals cannot gain access to, or alter, member records.

Original and/or copies of medical records must be released only in accordance with Federal or State laws, or Court orders. Contractors and providers must comply with the Health Insurance Portability and Accountability Act ([HIPAA] and 42 CFR 431.300 et seq).

A. DESIGNATED RECORD SET (DRS)

The following applies to the member’s DRS:

1. The DRS is the property of the provider who generates the DRS. The DRS is a group of records maintained by the provider. The DRS may include the following:
   a. Medical and billing records maintained by a provider
   b. Case/medical management records, or
   c. Any other records used by the provider to make medical decisions about the member.

2. The member:
   a. May review, request, and annually receive a copy, free of charge, of those portions of the DRS that were generated by the provider
   b. May request that specific provider information is amended or corrected, and
   c. May not review, request, amend, correct or receive a copy of the portions of the DRS that are prohibited from view under the Health Insurance Portability and Accountability Act (HIPAA)

3. AHCCCS is not required to obtain written approval from a member before requesting the member's DRS from a healthcare provider or any agency. For
purposes relating to treatment, payment or health care operations, AHCCCS may request sufficient copies of records necessary for administrative purposes, free of charge.

4. Written approval from the member is not required by the Primary Care Provider (PCP) when:
   a. Transmitting member records to a provider when services are rendered to the member through referral to a Contractor’s subcontracted provider,
   b. Sharing treatment or diagnostic information with the member’s Integrated Regional Behavioral Health Authority (Integrated RBHA) or Regional Behavioral Health Authority (RBHA) acting as a provider, or its contracted providers, if the member is receiving behavioral health services through the Integrated RBHA/RBHA system, or
   c. Sharing medical records with the member’s health plans.

5. Medical records or copies of medical record information related to a member must be forwarded by any AHCCCS-registered provider to the member’s PCP within ten business days from receipt of a request from the member or the member’s PCP.

6. AHCCCS must have access to all member records, whether electronic or hard copy, within at least 20 business days of receipt of a request.

7. Information related to fraud and abuse against the AHCCCS program may be released to authorized officials in compliance with Federal and State statutes and rules.

Refer to Chapter 900 for a discussion of member record/information for AHCCCS Contractors.

Refer to Chapter 500 for a discussion of member medical records regarding member transitions.