

POLICY AND PROCEDURE	
Policy # and TITLE: CMP02 Records Management and Retention	
Primary Policy owner: Compliance	POLICY #: CMP02
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input checked="" type="checkbox"/> All Departments 2) <input type="checkbox"/> Behavioral Health (BH) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input type="checkbox"/> Care Management (CM) 5) <input type="checkbox"/> Claims (CLMS) 6) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 7) <input type="checkbox"/> Compliance (CMP/HPA) 8) <input type="checkbox"/> Configuration (CFG) 9) <input type="checkbox"/> Provider Contracting (CONT) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> Finance (FIN) 14) <input type="checkbox"/> Human Resources (HR) 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input type="checkbox"/> Pharmacy (PH) 17) <input type="checkbox"/> Provider Networks (PRO) 18) <input type="checkbox"/> QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) <input type="checkbox"/> Utilization Management (UM)
PRODUCT TYPE: <input checked="" type="checkbox"/> Medi-Cal	Supersedes Policy Number: N/A

I. PURPOSE

The San Joaquin County Health Commission (Commission), operating and doing business as Health Plan of San Joaquin and Mountain Valley Health Plan (“Health Plan”) maintains records as required by federal and state regulations, and the Department of Health Care Services’ (DHCS) contract.

II. POLICY

- A. The Health Plan meets the DHCS contract requirements to retain records for a minimum of ten years from the final date of the DHCS contract period, or from the date of completion of any audit, whichever is later, and make the records available for audit or inspection, per Exhibit E Program Terms and Conditions, Provision 1.1.22, Sub Provision (A) and (B).
- B. The Health Plan meets the Knox-Keene Act and Title 28 requirements to maintain records for a period of not less than five years, the last two years of which shall be in an easily accessible place at the offices of the plan.
- C. The Health Plan retains written and electronic documents in accordance with federal and state laws, and as detailed in the Records Retention and Management Plan (RRMP).
- D. The Departmental Records Administrators (RA) will receive training upon designation, and annually thereafter, on the RRMP, proper record creation, and indexing procedures.
- E. Annually, the Program Integrity Committee (PIC), will review this policy and the RRMP.

III. PROCEDURE

- A. The Program Integrity Unit (PIU) and Program Integrity Committee (PIC) responsibilities are to:
 - 1. Review and update this policy and procedure (P&P), annually.
 - 2. Review and update the RRMP, annually.
 - 3. Develop a training program and training materials for Record Administrators (RA) and Health Plan Workforce.
 - 4. Train RAs and Health Plan Workforce
 - 5. Ensure Health Plan retains and manages all records in accordance with the RRMP.
 - a. Manages the process for retaining and releasing any records placed on a legal hold. Track all legal hold requests,

- b. Notify RA of a legal hold
 - c. Receive acknowledgment of legal hold notification from RA,
 - d. Notify RA of release of legal hold.
 6. Develop a process for the Health Plan's third-party vendors to return or destroy any records containing protected health information (PHI) to the Health Plan when requested, or upon termination of the third-party vendor contract.
 7. Annually, the Chief Compliance Officer (CCO), or his/her designee, presents this Policy and the RRMP to the Compliance Committee.
- B. Department Responsibilities for Paper Files:
 1. Each Department designates an RA responsible for retaining, indexing, and archiving the department's specific records.
 2. Each RA receives training upon designation, and annually thereafter on the proper record creation and indexing procedures.
 3. Each RA complies with the records archiving process. Each department RA provides to the PIC a report of their department's records and statuses at frequency determined by the PIC, but no less than quarterly.
 4. Each department RA participates in the PIC designated sub-committee as require by PIC.
 5. Department Responsibilities for Physical Documents and Records
 - a. All records are retained and managed in accordance with the RRMP retention schedule.
 - i. Each department is responsible for determining the schedule, which is contingent upon factors such as timing of external audits and storage space.
 - ii. The Department of Managed Health Care (DMHC) requires that the last two years of records be in an easily accessible place at the Health Plan's office.
 - b. Archiving Paper Files
 - i. Archived files shall be boxed and labeled with the following:

- (1) Department's cost center code (issued by Finance)
 - (2) Bar code number
 - (3) Description of contents, including dates of materials, (description needs to be detailed enough in the event of a legal hold)
 - (4) Destruction date (Month and Year)
- ii. Materials boxed are recorded on the Records Retention Form found here [Offsite Storage \(sharepoint.com\)](#)
 - iii. The Department RA coordinates with the Facilities Department to transfer boxes of records from the office to the off-site storage facility.
 - iv. Facilities arranges for the transfer of boxes of records to the off-site storage facility.
 - v. Documents may not be added to a previously stored box.
 - vi. The Department RA enters information into the Records Retention Form and notifies the Facilities Department via email.
- c. Destruction
- i. Written Documents and Records
 - (1) The Facilities Department monitors destruction dates of all boxes and notifies the Department RA within 60 days of the scheduled destruction date of a box. The Department RA must indicate, in the time allotted by the Facilities Department, whether a box needs to be retained more than its destruction date due to a legal hold.
 - (2) The Facilities Department arranges with the document shredding vendor the retrieval of boxes either from the Health Plan's office or at the off-site storage facility.
 - (3) The Facilities Department receives from the shredding vendor a "Certificate of Destruction".

The original certificate is forwarded with the invoice from the shredding vendor to the Finance Department; the Facilities Department uploads copies into SharePoint.

C. Department Responsibilities for Electronic Documents and Records

1. Electronic documents are retained as if they are paper documents; therefore, any electronic files that fall into one of the document types listed in the RRMP (Retention Schedule) are maintained for the appropriate amount of time.
2. Record retention, archiving, and destruction of electronic records are maintained by the Information Technology (IT) Department. The Compliance Department works with the IT Department to further define:
 - a. The types of electronic records that need to be retained, archived, and destroyed.
 - b. A retention schedule.
 - c. A destruction schedule for non-essential electronic records such as emails.
 - i. Retention of e-mail messages must be related to the information contained or purpose served.
 - ii. The content, transactional information, and any attachments associated with an email message are considered a record (if they meet the Health Plan's record management criteria, as indicated above).
 - iii. If a user has sufficient reason to keep an email message, the message should be printed as a PDF e-file document and kept in the appropriate "archive" computer file folder. Backup and recovery methods are tested on a regular basis by IT.
 - d. A process for archiving electronic records within internal systems without a built-in archiving system,
 - e. A process for destroying electronic records from any storage media and making sure the records are not retrievable.
 - f. A process for pulling reports for all active and archived records.

D. Oversight, Inspection, and audit of records and facilities is available for inspection in accordance with the Knox Keene Act¹ and federal regulations².

1. The Health Plan makes all our facilities, equipment, books, records, contracts, etc. pertaining to the obligations and functions undertaken pursuant to Exhibit E, Section 1.1.22, available for audit, inspection, evaluation, examination or copying, for ten years from the final date of the DHCS contract period, or from the date of completion of any audit, whichever is later.

IV. ATTACHMENT(S)

- A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- B. [Glossary of Terms Link](#)
- C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)
- D. [Record Retention and Management Program Draft.docx](#)
- E. [Draft Record Retention and Management DLP.doc](#)

V. REFERENCES

- A. 28 CCR §1300.81, §1300.85 and §1300.85.1
- B. 42 CFR sections 438.230(c)
- C. 42 CFR sections 438.3(h), (u)
- D. 45 CFR §164.530(j)
- E. Exhibit E Program Terms and Conditions, Provision 1.1.22, Sub Provision (A) and (B).
- F. DHCS APL 23-006 Delegation and Subcontractor Network Certification
- G. Knox-Keene Act §1381 and §1385
- H. Title 2 Government of State of California (GOV) §14740, §14741, §14741.1, §14745 and §14746

¹ <https://www.dmhc.ca.gov>

² [eCFR :: 42 CFR 438.230 -- Subcontractual relationships and delegation.](#)

VI. REVISION HISTORY

**Version 001 as of 01/01/2023*

Version*	Revision Summary	Date
001	Annual Review and placed policy into updated template. Added oversight and audit language in compliance with DHCS and Knox Keene Act.	4/2023
002	Updated language to align with new 2024 regulations from both DHCS and DMHC, and to align with the updated RRMP.	12/5/2023
Initial Effective Date: 9/1/2005		

VII. Committee review and Approval

Committee Name	Version	Date
Compliance Committee	002	2/15/2023
<ul style="list-style-type: none"> Privacy & Security Oversight Committee (PSOC) 		
<ul style="list-style-type: none"> Program Integrity Committee 		
<ul style="list-style-type: none"> Audits & Oversight Committee 		
<ul style="list-style-type: none"> Policy Review 	002	12/20/2023
Quality and Utilization Management		
<ul style="list-style-type: none"> Quality Operations Committee 		
<ul style="list-style-type: none"> Grievance 		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
-------------------	-----------------	----------------	-------------

Department of Healthcare services (DHCS)	DHCS Contract Manager (File & Use)	002	1/4/2024
Department of Managed Care (DMHC)	N/A	N/A	N/A

IX. Approval signature*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy