Records Retention

1. SCOPE

1.1. System-wide

1.2. Facilities and departments included in the scope are further defined in the Scope Definitions Resource Guide if not specifically outlined above.

2. DEFINITIONS & EXPLANATIONS OF TERMS

2.1. Abbreviations:

- MCHS: Marshfield Clinic Health System

2.2. Definitions:

- Patient: All references to the “patient” in this policy mean the patient or her/his Personal Representative as defined in the Personal Representatives of Patients policy.

- Records Management: The application of systemic controls to records required in the operation of an organization. Records are managed throughout their life cycle from creation or receipt through maintenance and use, storage and retrieval, to ultimate disposition or destruction.

- Record: Recorded information, regardless of medium or characteristic that can be retrieved at any time. It includes all original documents, papers, letters, x-rays, cards, books, maps, photographs, blueprints, sound or video recordings, microfilm, magnetic tape, electronic media, and other recording media, regardless of physical form or characteristic, that are generated and/or received in connection with transacting business and is related to the organization’s legal obligations. If not stipulated otherwise, the original document is the record to which retention schedules apply.

- Business Records: Include, but are not limited to, letterhead correspondence, legal opinions, real estate documents, policies and procedures, official meeting minutes, personnel records, benefit programs, purchasing requisitions and invoices, accounts payable and receivable documents, tax documents, reimbursement documents, completed and signed forms, contracts, insurance documents, general ledgers, audit reports, and financial reports.

- Medical Records: All documents, regardless of physical format, that holds demographic and medical information about a patient. Duplicate copies of any of these documents, in the same or different medium, may also be considered records. Only the documents that are part of the designated record set are subject to the retention schedule.

- Designated Record Set: The group of records maintained by or for a covered entity that is:
The medical records and billing records about Individuals maintained by or for a covered health care provider;

The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or

Used, in whole or in part, by or for the covered entity to make decisions about Individuals.

- Non-records: Material includes duplicate copies of correspondence, duplicate copies of records used for short-term reference purposes, blank forms, stocks of publications, magazines, publications from professional organizations, newspapers, public telephone directories, and transitory messages used primarily for the informal communication of information. Transitory messages do not set policy, establish guidelines or procedures, certify a transaction, or become a receipt. Transitory messages may include, but are not limited to, e-mail messages with short-lived or no administrative value, voice mail, self-sticking notes, and telephone messages.

- Duplicate Record: A copy of the original or master record. The retention schedule pertains only to the original document in its original format, or an official copy of the record if the original is no longer available. A duplicate record should be retained only until the purpose for which the copy was obtained is served, at which it should be destroyed appropriately.

- Electronic Record: Any combination of text, graphics, data, audio, pictorial, or other information representation in digital form that is created, modified, maintained, archived, retrieved, or distributed by a computer system. Electronic technology is technology having electrical, digital, magnetic, wireless, optical, electromagnetic, or similar capabilities. Electronic records must be capable of generation, in their entirety, in both human-readable and electronic form suitable for inspection, review, and copying. Electronic records may be considered legal records, and are managed according to their content.

- Retention Period: The period of time during which records must be maintained by an organization because the records have administrative, fiscal, legal, medical, or other value. The records are eligible for disposal at the end of the retention period.

- Record Retention Schedule: A schedule of standard and/or legally required retention periods for each type of record, taking into account the administrative, fiscal, legal, medical, and historical value of those records.

- Disposal and/or Destruction of Records: Any action that prevents the recovery of information from the storage medium on which it is recorded including, but not limited to, shredding, pulping, incineration, erasure, and destruction of the hardware or medium used to store and/or recover the information.

- Storage Medium: Any technology (including devices and materials) used to place, keep, and retrieve data on a long-term basis. Some examples include hard disks, CD-ROMs, mobile devices, Internet-based storage, digital archives, and portable hard drives.
• Destruction: Any action that prevents the recovery of information from the storage medium, regardless of physical format. The method of destruction for a particular type of record must be appropriate to the medium. Methods of destruction include, but are not limited to, shredding, pulping, pulverizing, magnetizing, encryption, burning, erasure, and destruction of the hardware or medium used to store and/or recover the information on the records. Disposal of information systems equipment, including the irreversible removal of information and software, must be carried out in accordance with approved procedures.
3. POLICY BODY

The purpose of this policy is to be in compliance with all applicable federal and state regulations; this policy will adhere to guidelines established by any pertinent regulatory or accrediting agencies as long as the guidelines meet or exceed federal or state regulations.

3.1. General Rules

a. Records will be retained in accordance with applicable laws and regulations and this policy.

b. Records that have satisfied their required period of retention should be destroyed in an appropriate manner.

c. Records will be managed responsibly, and retention schedules and destruction procedures and methods will be developed as applicable.

d. All employees and agents are responsible for ensuring that all records are created, used, maintained, preserved, and destroyed in accordance with this Records Retention policy.

e. Records containing confidential and propriety information will be securely maintained, controlled, and protected to prevent unauthorized access.

f. All records generated and received are property of MCHS. No employee, by virtue of his/her position, has any personal or property right to records even though he or she may have developed or compiled them.

g. The unauthorized destruction, removal, or use of records is prohibited.

h. No one may falsify or inappropriately alter information in any record or document.

i. The Integrity and Compliance Committee will be responsible for ensuring that this policy is implemented appropriately. The Integrity and Compliance Committee may designate individuals, as appropriate, to be responsible for retention of specific categories of records (for example, Director of Health Information Management in the case of Medical Records).

3.2. Non-records

a. Non-records are maintained for as long as administratively needed, and the retention schedules do not apply. Non-records should be discarded when the business use has terminated.

b. Discretion should be used in determining whether to generate or retain transitory messages in the nature of notes of unofficial meetings, telephone conversations, or other personal notes. If generated, such records should be routinely discarded when they are no longer useful. Preliminary working papers and superseded drafts, particularly after subsequent versions are finalized, should be discarded. E-mail that contains no substantive data should be routinely discarded.

3.3. E-mail Communications

a. E-mail communications, messages, and documents transmitted by e-mail are similar to paper documents. They may be considered business records and
are subject to this policy. To determine whether an e-mail message must be retained and for how long, consider it as a paper memo or document. If you would retain a memo due to its content, then you are required to retain an e-mail message of the same content for the same length of time.

3.4. Records Retention

a. All records will be maintained and retained in accordance with Federal and State laws and regulations. The records retention schedules listed in the Records Retention Guide meet all minimum Wisconsin and federal recordkeeping and retention requirements. MCHS may want to retain records beyond the minimum time frame required. Medical records must be kept separate from personnel files and must be kept confidential. The Integrity and Compliance Committee will oversee the development of subsequent retention schedules.

b. The Records Retention Guide will be revised and updated to ensure regulatory compliance and reflect revisions in record-keeping responsibilities. All revisions must be reviewed and approved by the Integrity and Compliance Committee prior to distribution.

3.5. Record Destruction

a. Records that have satisfied their legal, fiscal, administrative, and archival requirements should be destroyed in accordance with the Records Retention Guide.

b. Records that cannot be destroyed include records of matters in litigation or records of matters under government investigation. Records that are related to a pending legal claim or government investigation should not be destroyed, even though the legal retention requirement has been met for that particular record. A Legal Hold suspends all document destruction procedures in order to preserve appropriate records under special circumstances. The Legal department will determine and identify what types of records or documents are required to be placed under a Legal Hold and communicate this to the employees who have custody or control of these records. Once the litigation/investigation has been finalized, the records may be destroyed in accordance with the schedules in the attached Records Retention Guide.

c. Records must be destroyed in a manner that maintains the confidentiality of the records and renders the information no longer retrievable or recognizable as records.
4. ADDITIONAL RESOURCES

4.1. References:
- Wisconsin Administrative Code Health & Family Services §§ 124.14(2)(c), 124.18(1)(e)
- Federal Regulations §§ 42 CFR 482.24, 45 CFR 160 and 45 CFR 164(a) and (e)
- Records Retention Guide
- Designated Record Set
- Security Health Plan Records Retention Guide and Policy

5. DOCUMENT HISTORY

<table>
<thead>
<tr>
<th>Version No.</th>
<th>Revision Description</th>
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<tbody>
<tr>
<td>1.0</td>
<td>Policy 257.0 converted to the document control system. Addition of Updated Records Retention Guideline Charts</td>
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<tr>
<td>2.0</td>
<td>Annual review. Updated Scope and MC to MCHS.</td>
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<tr>
<td>3.0</td>
<td>Updated Scope, logo, and links.</td>
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<tr>
<td>4.0</td>
<td>Annual review. Updated Scope, language for Records Retention Guidelines to Records Retention Guide, and added link to Designated Records Set policy.</td>
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<tr>
<td>5.0</td>
<td>Updated Scope and link to Records Retention Guide. Updated formatting, metadata fields, header, removed logo, added abbreviations, updated author</td>
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6. DOCUMENT PROPERTIES

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