T
T
M

T. T. Mitchell Consulting

Changing Attitudes and Perceptions for Unlimited Growth

March 10, 2003 | Issue 2

Records Retention

The original intention for this topic was to do an article on how long hospital and physicians billing offices should retain their records. Once research began it was realized that if an attempt was made to send out a newsletter trying to document all the time limits for each state that it might end up as a book. It may not be well known, but each state determines the length of time billing and any other medical records are expected to be kept. While doing research through the many state regulations the retention periods for billing records range anywhere from 6 to 20 years.

The easiest time period to quote is the recommendation for records pertaining to federal programs; 10 years. It is assumed that this is the safest period of time to cover almost any event that you may ever have to worry about. The regulations don't quite say that facilities must specifically keep copies of their bills, as in UB-92s or 1500 forms, by name. What's implied is that records must be kept that can recreate any billing information, as well as other information which might pertain to the billing process, when requested Based on what the HIPAA recommendations are regarding privacy, "documents relating to uses and disclosures, authorization forms, responses to a patient who wants to amend or correct their information, the patient's statement of disagreement, and a complaint record, among many other things, must be maintained for 6 years. (64 Fed. Reg. 59994). This is the federal statute of limitation for civil penalties. (42 CFR Part 1003). It is this amendment why hospitals and other health care providers maintain medical records as well as billing records for Medicare (Title XVIII), Medicaid (Title XIX), and Maternal and Child Health (Title V) for at least 6 years. Records must also be retained for two years after a patient's death under HIPAA."

After that the issue goes all over the place. However, one thing seems clear. What's really needed are records retention policies of some kind. It's pretty much acknowledged that hospitals can't hold onto every piece of information forever. Those who aren't scanning onto optical disk just don't have the space to keep everything forever. Those that are scanning usually aren't taking the time to go backwards to scan old records so they can free up

space.

Therefore, what's really needed by most areas is some sort of records retention plan. It needs to clarify what's kept. It needs to clarify just what you're keeping for 6 years, 7 years, 10 years, whatever. It needs to clarify how you're going to destroy the records. It needs to clarify how you're keeping the records; is everything scanned, are some records kept on paper, etc. Records retention policies should be in every department within your facility. It should be a mandatory requirement from every compliance committee at every facility or physician's office in the country. News reports from the last two years of auditing firms who have attempted to hide their indiscretions by shredding records shows how important it is to have a written policy throughout your facilities on this issue.

The following is a possible example of a records retention policy for patient accounting records. This is only a generalized version; use it as a template for creating your own, based on whether your information is scanned or physically stores:

1. The following records will be physically stored in an offsite facility contracted with by the hospital for a period of at least 7 years: patient demographic records; one copy of UB-92 and 1500 form for any claims billed on paper; copies of any electronic billing reports; copies of all monthly aged trail balance reports; copies of any printed reports that detail patient activity after accounts have been closed for X number of days; copies of any outside information that was obtained by the patient or insurance companies to facilitate the payment of claims, that is not a part of the patient's medical record.

2. The following records will be physically stored in an offsite facility contracted with by the hospital for a period of at least 10 years: all physical logs detailing patient or insurance payments; all cash or check folders that contain copies of checks, ledgers, or any other information that details specific payments; all insurance vouchers from Medicare, Medicaid, or any other entity with which the hospital has specific contracts; any contact from patients disputing any portion of their hospital bills for which the billing department has kept the original document.

3. The records above shall be separated by their time periods, and the outside of any boxes or other containers which contain these records shall have marked what is inside the particular box or container, the dates of service they consider, and the dates these records may be removed.

4. Any original records determined to be of a nature in which the hospital may have some legal liability or responsibility shall be retained indefinitely

within the hospital billing office in an area to be determined for such specific purpose. If the original is maintained by another department, a copy of said records shall remain with the business office marked "copy" in its stead.

5. It shall be the policy of this department that a review of all stored records will be completed on a semi-annual basis to determine which records stored at the offsite facility are ready to be removed. With the assistance of the maintenance department, these records shall be removed and destroyed in accordance with whatever policy the maintenance department has in place at the time.

6. All records stored either at the offsite facility or on the premises of the facility shall be locked and secured, protected from the elements to the best of the ability of whomever is in charge of the area of storage, and be accessible only by those authorized to views those records with the permission of either the director of patient accounting or those the director reports to.

As stated earlier, this is only a sketch of a possible policy. For instance, the above policy doesn't address whether records will be alphabetized or set up in numerical order. It doesn't indicate whether records will be separated by insurance type. It doesn't cover whether records determined to be ready for removal should be approved by either the chief financial officer, the compliance officer, or anyone else. It didn't address charges which may be entered by patient accounting personnel; sometimes those records are retained by patient accounting, sometimes they go back to the department of origin. These, as well as other issues, need to be determined and confirmed, then put into your policy.

It's hard to stress the importance of having such a plan in place. If there's any common theme that's been a constant whenever one hears of hospitals having to pay fines for some kind of violation, it's been the lack of any kind of documentation or policy regarding whatever the offense might be. Records retention, outside of the medical records department, is probably the last thing anyone ever thinks about. It should be one of the first.

This newsletter is geared towards management level people, whether in hospitals, nursing homes, physicians, or anyone who's a leader of some kind within their organization. From time to time it will contain articles on issues that managers of all businesses, including healthcare, should be aware of concerning management, employee relations, and diversity issues. Below is the first article of the other newsletter T. T. Mitchell Consulting publishes regarding these types of issues, modified for healthcare managers.

Micro managing is bad business

There is a pariah in American business that inhibits companies from progressing as far ahead as they hope to. This person probably has no idea he or she is this way, or has even thought about why they are this way, because they're too busy trying to do all the jobs of the facility, including those jobs others have been hired to do.

I'm talking about the micro manager. Most facilities have at least one of these if they're large enough, and that person is sapping the strength from the facility. The reason for this is simple, and I'm going to use an analogy. The center fielder is one of 9 positions on a baseball team. It's an important position because it not only covers its own areas, but is responsible for backing up the other two outfield positions. Suddenly the center fielder decides that he can do a better job of getting the ball back into the infield if he intercedes into every play; in essence, he starts going for the ball instead of allowing the person in that position to cover. He might be good at it, or he may be bad at it, but he does it anyway. After awhile he decides that on singles he's going to run in and try to cover second base also, because he doesn't always trust the judgment of the second baseman on what to do next. After awhile he decides that he wants to be the cutoff man on all balls that are hit to either outfield position on a long fly ball, because he doesn't think anyone else on the team has any real understanding of what to do with the ball once the outfielder has done his part.

What happens early on, of course, is that the other outfielders first start questioning their own abilities. Next is their anger at having their positions usurped in such a fashion. Next is their trying to figure out just what their jobs and responsibilities are supposed to be. Next is confusion, followed by apathy, and of course the team is suddenly in total disarray. Not only that, but whose to say that the center fielder was right in the first place? He may not have ever played any of these other positions before, but his fear of things going wrong prompts him to give it a try. Finally, the center fielder himself is either running himself down to a point where he won't be able to effectively do the job he was hired to do, or really didn't care in the first place as long as he gets acknowledged somehow that he was taking control of a situation, regardless of whether it needed taken control of or not. Sometimes it works out early, but oftentimes the seeds of destruction have been planted instead, and the only question is who will cave in first.

The psychology of a micro manager isn't all that hard to figure out; the reasons behind why they are like they are, however, may not be. The micro manager wants control, period. Type A personalities are most vulnerable to

be micro managers because they are driven to success more than other personality types.

The reasons are varied, though. One reason may be that the micro manager is scared to trust the performance of others. It takes a certain amount of trust in the abilities of others when you're a manager. Another reason may be fear in being discovered as not being as knowledgeable as others think they are, or as the manager feels they should be perceived. If a micro manager tells someone to do something without really knowing what they're asking for, they can always cover it up by blaming the ignorance of someone else.

Most of the time micro managers are bullies and mean, but not always. There's something in them that makes them think they have to lead by the principle of fear, rather than cooperation. I knew of a micro manager that, when things weren't going her way, would fire the entire department and start from scratch. At some point the CEO realized where the problems actually lay, but the damage to the credibility of the company had been done.

If the micro manager you have to deal with isn't the mean spirited type, then there's still a chance of working with that person to bring them into the realm of "everyday people". A conversation should take place between the person who's being micro managed and the micro manager to see if the micro manager is someone who may not know they are pushing too hard or trying to take over everything. They may not fully understand the depth of what their actions are in impeding the job you're trying to do. And if you find that, instead of a positive outcome you're met with resistance, at least you'll know, and then you can decide whether to find a way to survive this manager, take it up the ladder through some sort of grievance procedures, or move on.

If you're the micro manager? Well, if you recognize any of the signs above in yourself, you may need to take a serious look at yourself, and how those who report to you or whom you have to work with may be perceiving you. You may need to learn how to back off and let the people who work for you do their jobs. Only then can you evaluate and find out if they really know their jobs. Everyone deserves the opportunity to succeed or fail on their own, with guidance of course.

T. T. Mitchell Consulting is dedicated to helping healthcare entities improve their financial base as it concerns receivables and revenue issues, including registration, billing, collections. We concentrate our efforts on the entire revenue process. We are also dedicated to helping companies produce more effective employees. Our concentration is management, diversity and harassment issues, employee relations and customer service education, and group or individual coaching and counseling sessions are available. We offer short term and long term programs and contracts to help all employees of an organization learn to work better with each other in a changing and diverse world. If you would like to view services provided by T. T. Mitchell Consulting please go to the website for more information: http://www.ttmitchellconsulting.com.

If you wish to subscribe to this newsletter, please send email to healthcare. If you wish to unsubscribe, please send email to unsubscribe. Any questions or comments should be directed to mitch@ttmitchellconsulting.com.

--

T. T. "Mitch" Mitchell
T. T. Mitchell Consulting
(315) 622-5922
http://www.ttmitchellconsulting.com