

## **18 EXTERNAL MONITORING & EVALUATION**

### **18.1 OVERVIEW**

All appropriate governmental agencies including but not limited to CMS, NYSDOH, NYCDOHMH, HRA, LDSS as well as the Plan have the right to monitor and evaluate, through inspection and other means, the performance of our participating providers. This includes assessment of the utilization review, quality, appropriateness and timeliness of services provided to members, as well as focused clinical studies of acute and chronic conditions. This also includes periodic medical audits and collection of management data.

### **18.2 MEDICAL RECORD RETENTION**

Providers must maintain records related to services provided to members, including a separate record for each member under the provider's care. Such records must be maintained for at least six (6) years for adults and six (6) years from the age of majority for children. Medical Records pertaining to Medicare beneficiaries must be retained for a period of ten (10) years after the date of service rendered.

As indicated in section 2.3.1 medical records must include:

- ✧ a separate medical record for each enrollee
- ✧ The medical record verifies that the PCP coordinates and manages all of the enrollee's medical care
- ✧ For Prenatal Care only: maintain a centralized medical record for the provision of prenatal care and all other services

### **18.3 CONFIDENTIALITY**

Providers must ensure that all individually identifiable information relating to the Plan members is kept confidential pursuant to State and Federal regulations including those regulations specific to HIV/AIDS. Providers must develop policies and procedures to assure confidentiality of HIV related information. Such policies must include:

- ✧ Initial and annual in-service education of staff
- ✧ Identification of staff allowed access and limits of access
- ✧ Procedure to limit access to trained staff
- ✧ Protocol for secure storage (including electronic storage)
- ✧ Procedures for handling requests for HIV-related information

- ✧ Protocols to protect persons with or suspected of having HIV infection from discrimination.

**Such information may be used by the Plan or its providers only for purposes directly connected with performance of the Plan's obligations under the Medicaid Managed Care program and Child Health Plus program.**