



Utilization Management Policy

Patient Records

Table of Contents		Related Policies	Policy Number	354
Policy Statement.....	1	Patient Healthcare Records:	Original Effective Date:	3/2001
Purpose.....	1	Documentation Requirements for	Current Approval Date:	4/23/20
Scope.....	2	Utilization Review and File Audits	Next Review:	4/2021
References.....	2		Category:	Compliance
History.....	2			

Policy Statement

The definition of Optum* by OptumHealth Care Solutions, LLC patient records includes, but is not limited to, the following electronic and paper information, which is retained by various departments and computer systems within Optum:

1. materials submitted by the member’s health care provider;
2. materials submitted by the member or the member’s designee;
3. correspondence;
4. requests for appeals;
5. medical records;
6. requests for information and the response to the request;
7. notes or records of conversations;
8. documentation of case-specific clinical judgment process and rationale;
9. clinical opinion documentation;
10. electronic information including but not limited to:
 - communication logs
 - patient history
 - eligibility information
 - claims information
11. appeals files and/or documentation retained in the Appeals Department
12. complaints and/or documentation retained in the Compliance Department

All patient records will be handled in accordance with HIPAA privacy regulations concerning PHI.

Purpose

The purpose of this policy is to define patient records (also commonly referred to as patient files).

This is not to be confused with medical record documentation. Medical record documentation may be included in the patient record. (see *Hyperlinks to Related Policies*)

Scope

All in and out of network programs, involving all provider types, where utilization review determinations are performed.

*Optum is a brand used by OptumHealth Care Solutions, LLC and its affiliates



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References

1. URAC. <http://www.urac.org/>
2. National Committee for Quality Assurance (NCQA). <http://www.ncqa.org/>

Policy History/Revision Information

Date	Action/Description
3/07/2001	Original effective date
9/20/2002	Annual review and approval completed
11/11/2003	Annual review and approval completed
10/18/2004	Annual review and approval completed
2/14/2006	Annual review and approval completed
4/10/2008	Annual review and approval completed
1/15/2009	Policy reformatted
4/30/2009	Annual review and approval completed
4/08/2010	Annual review and approval completed
10/26/2010	Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"
4/07/2011	Annual review and approval completed
4/19/2012	Annual review and approval completed
4/18/2013	Annual review and approval completed
4/17/2014	Annual review and approval completed; Policy rebranded "Optum* by OptumHealth Care Solutions, Inc."
4/16/2015	Annual review and approval completed
4/21/2016	Annual review and approval completed
4/20/2017	Annual review and approval completed; Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."
4/26/2018	Annual review and approval completed
4/25/2019	Annual review and approval completed
4/23/2020	Annual review and approval completed; no significant changes made to the document

Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: policy.inquiry@optumhealth.com with the word "Policy" in the subject line.

The services described in Optum* by OptumHealth Care Solutions, LLC policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Optum reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Optum's administrative procedures.

Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member's SPD or COC, the member's SPD or COC will govern.

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