Medical Record Retrieval and Copy Fees

History

Language establishing maximum charges for medical record copies was added to Minnesota Statute 144.292 in 1991 for calendar year 1992. The amendment made at that time remains as follows:

Subd. 6. Cost.

> *(c) The respective maximum charges of 75 cents per page and $10 for time provided in this subdivision are in effect for calendar year 1992 and may be adjusted annually each calendar year as provide in this subdivision. The permissible maximum charges shall change each year by an amount that reflects the change, as compared to the previous year, in the Consumer Price Index for all Urban Consumers, Minneapolis-St. Paul (CPI-U), published by the Department of Labor.*

The amounts legislated in 1991 were not arbitrary amounts. The amounts were determined after performing detailed, task based time studies.

The Minnesota Department of Health issued new maximum charges in March, 2009, Issue Brief 2009-1, updating the maximum charges for 2009 to $1.22 per page and $16.03 for retrieval.

Fees are not charged when a patient requests a copy of their medical record for purposes of reviewing current medical care or for appealing a denial of Social Security disability income or benefits.

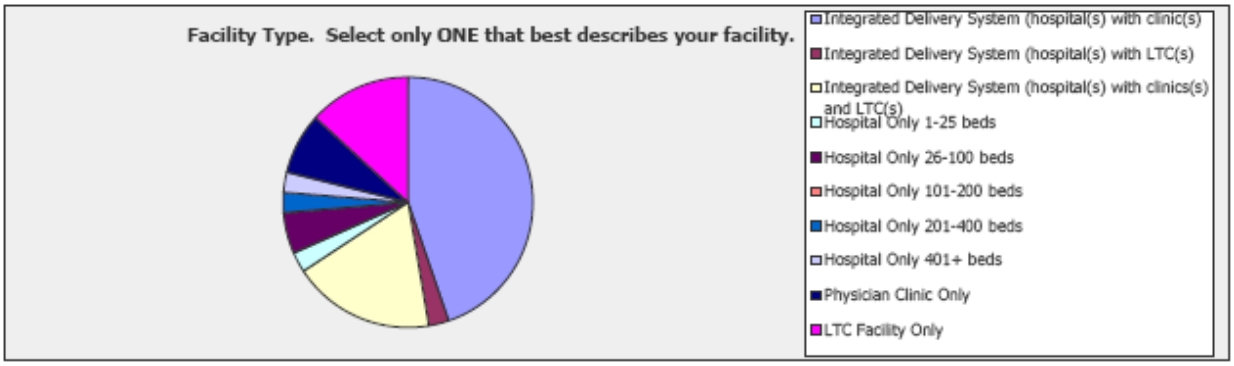
Current Debate

A Minnesota law firm argues fees charged for medical record copies are too high. The firm states that Minnesota healthcare facilities are electronic and medical record copies can be accessed by a computer key “click”. They also argue that there should be only one retrieval charge per covered entity, and there should be no charge for duplicate copies or “blank” pages.

A committee, comprised of members representing the Minnesota Hospital Association (MHA), the Minnesota Health Information Management Association (MHIMA), the Minnesota Medical Association (MMA), The Minnesota Medical Group Management Association (MMGMA), and representatives from Minnesota healthcare facilities,

disagrees and states that current copy fees might even be too low. The process of retrieving and copying medical records has increased in complexity, requiring an increased need for expensive technology, more highly trained and compensated staff and an increased amount of staff time to respond to a request. The release of information process is best described in the Association of Health Information Outsourcing Services (AHIOS), diagram attached. The diagram shows the various steps included in each of the following categories: Logging, tracking and verifying the request, retrieving patient information, releasing only authorized information, safeguarding sensitive information and completing and invoicing the request.

During the summer of 2009, MHIMA conducted an environmental survey of several healthcare organizations in the state. 39 organizations responded to the survey from metropolitan and out state organizations.



Facility Type. Select only ONE that best describes your facility.

Answer Options	Response Percent	Response Count
Integrated Delivery System (hospital(s) with clinic(s)	44.7%	17
Integrated Delivery System (hospital(s) with LTC(s)	2.6%	1
Integrated Delivery System (hospital(s) with clinics(s)	18.4%	7
Hospital Only 1-25 beds	2.6%	1
Hospital Only 26-100 beds	5.3%	2
Hospital Only 101-200 beds	0.0%	0
Hospital Only 201-400 beds	2.6%	1
Hospital Only 401+ beds	2.6%	1
Physician Clinic Only	7.9%	3
LTC Facility Only	13.2%	5
answered question		38
skipped question		1

Questions and concerns expressed at the Senate hearing are as follows:

1. Current legislated copy fees are too high

2. Copies of electronic records can be produced by a single “click”

3. Contracted copy vendors make a significant profit at the expense of a “small number” of individuals who request records

4. Costs to produce a copy, from electronic to paper, should be considerably less than from paper to paper

5. There should be no charge for a page that includes no information or one line of information

6. There is an inability/unwillingness to produce an electronic version of a patient record

7. Multiple retrieval charges are generated for duplicate records from different sources within the same organization or different types of records within the same organization such as medical records and images.

8. Re-disclosure interpretations vary from organization to organization. Some hospitals will not disclose information in their possession from other organizations, requiring the requestor to make multiple requests to multiple organizations.

9. There is a lack of consistency in the certification fee structure

10. There is a perceived difference in service levels in vendor/contracted services vs. hospital owned services.

Responses to the concerns are:

Concern #1 *Current legislated copy fees are too high*

It was found, after study, that the average charge for a copy of medical records for Minnesota facilities in 2009 ranged in price from $25 to $150. Copy fee revenue for St. Luke's in Duluth totaled $118,548 in 2008 for 5,326 revenue generating requests, or an average of $22.26 per request. The average cost for a revenue generating request for Allina Hospitals and Clinics for 10 months in 2009 is $52.43 for with an average of 39 pages per billable request.

This information does not support statements such as:

- The cost of a medical record has increased to $30,000 or $40,000
- Healthcare facilities are using copy fees to pay for all Medical Record Department services
- Copy services use revenue generated from the generosity of Minnesota fees to supplement services provided in less generous states.

Concern #2:
Copies of electronic records can be produced by a single "click"

In response to a questionnaire sent to Minnesota health care facilities, we learned that 74 percent of facilities have a hybrid medical record, part electronic and part paper, microfilm or CD/DVD. The multiple paper, cardex and electronic data bases utilized to locate patient information and location becomes more complex in a hybrid environment.

Tell us what your health/medical record system is today.

	Response Percent	Response Count
Paper based	13.2%	5
Electronic	21.1%	8
Hybrid	**73.7%**	**28**
If electronic, please list the date you became electronic and your vendor(s). If hybrid, please describe what parts of the MR are electronic and what is paper, and when you expect to become electronic.		31
	answered question	38
	skipped question	1

The hybrid process increases complexity as demonstrated in the attached flow chart produced for St. Luke's in December, 2008.

A patient could have information:

- On paper in remote storage
- On paper in-house
- On microfilm
- On CD/DVD
- In decentralized systems maintained in clinical departments
- In the EHR

Concern #3:
Contracted copy vendors make a significant profit at the expense of a "small number" of individuals who request records

Charges are legislated and increased according to the Consumer Price Index (CPI).

Copy services partner successfully with health care facilities performing a service for the benefit of the health care facility, our patients and third parties requesting the information. Services provide increased efficiency, a high level of consistency and accuracy, privacy and security protections and improved turnaround times.

There is not an established cost/fee structure within the 50 states for production of a paper or electronic medical record. Minnesota's current allowable charge, as determined by the Minnesota Department of Health, is $16.03. Of those19 states where there is an allowable retrieval fee, South Dakota has the same retrieval fee. 11 states have higher retrieval fees and 6 have lower retrieval fee's. The average retrieval rate for the 19 states where a retrieval fee is charged, is $17.79. Per page fee's charges are variable from flat rates (as Minnesota has), to a sliding scale based on number of pages to retrieval and sliding scale costs based on numbers of pages; a few have an maximum hourly charge. Several states allow a higher reimbursable fee for copies of records which are on microfiche or microfilm (recognizing the increased effort for retrieval and reproduction).

Concern #4:
Costs to produce a copy, from electronic to paper, should be considerably less than from paper to paper

If all health care providers have electronic medical records by 2015, we agree that electronic copy costs *may* be less than paper copy costs. A reduction in copy costs will not be the case for those health care organizations that continue to be transitioning to a hybrid environment, as evidenced by the previous diagram. Retrieving information from a combination of remote paper storage, on-site paper storage, microfilm, CD/DVD and EHR is expensive. Note that a hybrid environment will be a fixture for some period of time even after an organization has transitioned to an EHR. The cost to convert existing paper to some other electronically retrievable format is cost prohibitive to many organizations.

Concern #5:
There should be no charge for a page that includes no information or one line of information

92 percent of MN facilities in the survey state they never charge for blank pages. Facilities will charge for pages with a signature line (this has been standard practice in both paper and electronic environments). A signature line is a very important component of a legal health record and should be considered a page. A very small number of facilities charge for a blank page if the blank page is included in the pagination of documents.

Concern #6:
There is an inability/unwillingness to produce an electronic version of a patient record

In today's electronic environment, some systems require very labor intensive procedures to transfer information to a CD or DVD. Oftentimes this is due to a design oversight by the vendor. By 2015 technology improvements will be available to make the record copy process more efficient for all health care organizations. A limited number of organizations do have initiatives underway which would allow for secure e-delivery of information however organizations do not have this capability and design in place.

An additional concern from the legal community is the ability to "view" the EHR rather than paper. Based on survey response, only 18% (7) organizations have the security/functionality to allow e-viewing.

Concern #7:
Multiple retrieval charges are generated for duplicate records from different sources within the same organization or different types of records within the same organization such as medical records and images.

Minnesota facilities are in a state of transition with corporate mergers, departmental mergers and technology mergers. 42 percent of MN facilities have transitioned to a centralized release of information process which will reduce duplication. Facilities have different levels of ownership/partnership and it should not be assumed that they are one. Centralization of release of information functions *generally* include only paper or integrated clinical documentation. Radiology, specialized imaging, radiation oncology or other specialized areas may receive and process requests for images or documentation that is separate from any centralized service center.

Concern #8:
Re-disclosure interpretations vary from organization to organization. Some hospitals will not disclose information in their possession from other organizations, requiring the requestor to make multiple requests to multiple organizations.

For most organizations, re-disclosure does occur for patient care purposes however, for legal purposes one facility cannot and should not certify that a medical record "is kept in the normal course of business" for another facility.

In these instances, most health care facilities will ask the requestor to contact those other facilities, which results in multiple requests to multiple organizations.

Concern #9:
There is a lack of consistency in the certification fee structure

The certification process is not legislated which could result in inconsistency. Charge disputes should be handled between parties exchanging services. There is an opportunity to make recommendations to standardize certification fees based on media and pages.

Concern #10:
There is a perceived difference in service levels in vendor/contracted services vs. hospital owned services.

Copy fees are legislated. There shouldn't be a difference. MHIMA will be happy to participate in negotiations between disputing parties.

Additional Information

The above responses are a compilation of the many comments received while discussing the copy fee legislation. In addition, a survey was conducted to solicit information from health information management directors throughout the state. Survey findings are as follows:

Thirty eight health care facilities responded to MHIMA's request for information about release of information and copy fee practices. We learned that:

74% use a hybrid, paper and electronic, medical record
42% are included in an integrated health care delivery system
37% of facilities have centralized their R of I functions
45% of facilities perform R of I functions in-house
92% of facilities state they do not charge for blank pages
90% of facilities state they would never knowingly charge for duplicate copies
90% of facilities do not or cannot provide MR copies on CD's

Recommendations

Based upon input received, MHIMA strongly encourages the following recommendations:

- Retention of the current price structure
- Review of price structure after January 1, 2015 when facilities have increased electronic capabilities.
- MDH should undertake a study similar to that conducted in 1991 related to copy fees and utilization of the CPI as the fee escalator.

During this time, MHIMA will:

- Promote fair and consistent release of information practices
- Assist in mediation of copy fee disputes when invited

There is also opportunity to establish some best practice standards in "same vendor EHR" markets where resources and technology is available.

MHIMA also suggests that requestors:

- Be specific about information that is needed to complete certified medical record is sometimes requested when that is more than what is needed. A request including specific time periods or specific documents needed could result in a considerable reduction of information provided. Does the requestor really need the birth record, or records of an emergency room visit for a sprained ankle that occurred 30 years ago?

- Include in letter of request, maximum amount of money agreed to

  "Please contact me if the copy fee exceeds $100.00", or,
  "Certification procedures are not necessary"

The Minnesota Health Information Management Association values this opportunity to provide input and appreciates inclusion in any future dialogue on the subject of copy fees.

MHIMA Copy Fee Practices Survey

1. Purpose of Survey

To assist MHIMA leadership in educating MN legislators who are pursuing a change to our Copy Fee statute, your input is needed to help us understand your ROI copying fees. We want to develop a base of information built on facts, not anecdotal comments and experiences.

Please take the time to complete this survey questionnaire by September 20, 2009. We anticipate it should take you no more than 30 minutes. If you need assistance from others in your organization, please seek that; however, the survey response should come through you as the Survey Contact.

Thank you.

Diane Larson, MA, RHIA, CHPS
Chair, MHIMA Copy Fee Bill Project Team

2. Facility Information

* 1. Please complete this information for the person answering this survey and for your facility.

Your name:	
Facility:	
Your title:	
Facility Address:	
City/Town:	
State:	
ZIP/Postal Code:	
Email Address:	
Phone Number:	

MHIMA Copy Fee Practices Survey

* 2. Facility Type. Select only ONE that best describes your facility.

- ◯ Integrated Delivery System (hospital(s) with clinic(s)
- ◯ Integrated Delivery System (hospital(s) with LTC(s)
- ◯ Integrated Delivery System (hospital(s) with clinics(s) and LTC(s)
- ◯ Hospital Only 1-25 beds
- ◯ Hospital Only 26-100 beds
- ◯ Hospital Only 101-200 beds
- ◯ Hospital Only 201-400 beds
- ◯ Hospital Only 401+ beds
- ◯ Physician Clinic Only
- ◯ LTC Facility Only

* 3. Tell us what your health/medical record system is today.

☐ Paper based ☐ Electronic ☐ Hybrid

If electronic, please list the date you became electronic and your vendor(s). If hybrid, please describe what parts of the MR are electronic and what is paper, and when you expect to become electronic.

* 4. If you are an integrated delivery system (more than one hospital, clinic and/or long term care facility), is your copy function centralized for ROI?

☐ Yes ☐ No ☐ Does Not Apply

* 5. If you are an integrated delivery system, is there one centralized office for ROI?

- ☐ Yes
- ☐ No
- ☐ Does not apply

MHIMA Copy Fee Practices Survey

* 6. Which best describes your copy service?

◯ In-house ◯ Copy Service ◯ Both

Please explain/describe:

* 7. Do you routinely charge for blank pages? This could include back-sided copies or pages with just a signature line or a page paginated to flow in sequence with other MR forms?

◯ Yes ◯ No

If yes, explain your circumstances for providing blank pages

* 8. Do you charge for duplicate copies? For example: "Knowingly sending a copy of the same H&P as part of a clinic record and hospital record for the same release"

◯ Yes ◯ No

If YES, explain reason

MHIMA Copy Fee Practices Survey

* 9. Do you provide MR copies on CDs for ROI?

◯ Yes ◯ No

If YES, how do you charge for the CD? Briefly describe the process used.

* 10. Do you encrypt and send records electronically via a secure website/server for ROI?

◯ Yes ◯ No

If YES, how do you charge for records sent electronically? Briefly describe the process used.

* 11. If you are currently using an EMR, have you noticed an increase in the number of pages copied for ROI since you transitioned to an EMR?

☐ Yes ☐ No ☐ Does not apply

* 12. What is the largest amount of money charged by your facility for a single legal copy request during the past 12 months? (if using a copy service, please obtain amount from them.)

MHIMA Copy Fee Practices Survey

* 13. Do you allow attorneys to review medical records electronically?

◯ Yes ◯ No

If YES, please describe process and how you charge for this.

* 14. What is the average number of pages sent in response to a single legal request for information?

* 15. What is an average charge for a legal copy request?

16. Additional comments or feedback: