Medical Records and Data Ownership for Healthcare Providers and Medical Billing Companies

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Medical Billing companies provide a vital service in the national health care industry. Increasingly, doctors and other healthcare providers rely on and contract with medical billing companies to assist them in processing claims and practice management and accounts receivables functions.

There exists tremendous variation among billing companies in terms of the services offered and the manner in which these services are provided to their respective clients. For example, some billing companies provide coding services, while others only process bills that have already been coded by the healthcare provider.

Clearly, variations in services offered as well as clearly defined responsibilities make it imperative to ensure that certain aspects of a biller/provider relationship are well defined. Communication is fundamental and will aid in each party understanding their role and responsibilities with regards to ownership of data and paper medical records related to the contracted services as well as termination of the relationship.

The American Medical Billing Association (AMBA) encourages its members to discuss, define and delineate formal, written policies in regards to proprietary information, data ownership (paper & electronic), billing software ownership and termination procedures between a billing company and their respective clients.

Physicians and other healthcare providers typically provide a billing company with a multitude of various patient and billing related records that are used to perform a variety of accounts receivable, billing and practice management services. In this document, we will discuss considerations that should be addressed between a medical billing company and a doctor or other healthcare provider.

**Physician Records**

Physicians typically provide medical billing companies with the following types of (COPIED) records:

Patient Records - those records relating to patient insurance and demographic information, services provided, superbill or charge ticket, office notes and patient medical records, insurance carrier payments, EOBs and other patient billing information. These records are source documents used for billing purposes;

Provider/Carrier Information – those records related to managed care contracts, physician practice information, fee schedules and other proprietary physician information;

Reports – that information provided by the billing company such as practice analysis, referrals, A/R, and etc.

**Billing Company Records**

Billing companies create all types of records such as proprietary forms, internal information and reports created by the billing company and or those used to communicate with physicians and or staff.

Additionally, billers create notes from communications with healthcare insurers regarding a host of concerns such as claims follow up, verification of benefits, appeals, reviews and etc.

Billers also have records that relate to proprietary processes used to submit claims and facilitate billing on behalf of their clients such as through the use of clearinghouses, billing software programs and reimbursement and coding tools,
And finally, billers create records through the course of performing work for physicians and other healthcare providers. This information may be confidential in nature and also may be proprietary as well.

**Records Retention and Access**

Medical billing companies are usually required to maintain a copy of all source documents used for billing purposes along with internal billing records created under state and or Federal law for a minimum period of time for legal purposes as well as for any retrospective audits.

Because the information supplied to the billing company is a copy and not an original record, the return of the information should not be an issue. If the billing company provides coding services in addition to billing services, access to the provider’s practice records may also need to be resolved in the event of a termination.

Both the billing company and the provider should discuss up front what will happen to the records.

What information will be returned or provided by the billing company to the provider or a successor billing company?  
For instance, will the biller store the records electronically or on paper?  
How will data be destructed once the storage requirements time have passed?  
What format or media will the returned records be stored in?  
Under what circumstances will electronic data be returned?  
Who will retain work product notes created by the billing company and in what format?  
Under what circumstances would a provider be allowed to purchase copies of either paper or electronic data?  
What charges would apply for gathering the data to be copied?  
If the billing company scans and stores all records electronically, how will paper records be destroyed?  
If backups of records are stored online, will the billing company transfer ownership of the online storage account?  
If offset storage is used, who will pay the cost to store paper records?  
Who will pay for any final record scanning, storage and or costs associated with the termination?

Use best practice to address what will happen to the data when/if the biller and a healthcare provider part ways. Be reasonable in how you will provide access to the data and outline what you expect. Communicate your expectations ahead of the signing of a contract to ensure successful transitions and terminations.