



State of Vermont
Green Mountain Care Board
89 Main Street
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Report to the Legislature

**REPORT REGARDING THE GREEN
MOUNTAIN CARE BOARD'S STUDY OF
FEES FOR COPIES OF ELECTRONIC
MEDICAL RECORDS**

In accordance with Act 79 of 2013, Section 46a

*Submitted to the
House Committees on Health Care and Human Services
And the Senate Committee on Health & Welfare*

*Submitted by the
Green Mountain Care Board*

January 15, 2014

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The Board expresses special gratitude to Jeremy Weiss who, as a legal intern for the Board, did an outstanding job researching, interacting with the stakeholders, and drafting. His contributions were invaluable to the completion of this report and we greatly appreciate his work.

EXECUTIVE SUMMARY

Act 79 of 2013 charges the Green Mountain Care Board (GMCB or Board) with studying the costs and fees associated with providing copies of medical records in a paperless format when requested by patients and others. To address this task, the Board researched the laws of every state addressing the fees charged by health care providers when providing copies of medical records. The Board also met with stakeholders several times beginning in the summer of 2013, in order to gather information directly from release-of-information professionals from Vermont hospitals and through the development and distribution of surveys to Vermont provider organizations and Vermont attorneys who regularly request medical information.

The results of the Board's study are explained below. Very briefly, our research regarding other states' laws demonstrates that (1) a large majority of states, including Vermont, set specific base-fee and per-page limits on the fees providers can charge for producing copies of records, and (2) Vermont's statutory base-fee and per-page limits sit at the low end of the spectrum. The provider survey results demonstrate that the great majority of provider organizations maintain their medical records in "hybrid" systems, where records are stored both electronically and in paper form. The survey also indicates that these organizations typically store electronic information in more than one different system, and thus must often search multiple systems in responding to a request for information (ROI). Moreover, the survey responses suggest that the presence of electronic medical records systems have not, by and large, made it easier or cheaper for providers to respond to ROIs. Finally, the attorney survey demonstrates that the large majority (over 90% of those surveyed) of requesters ask for paper documents and about two-thirds ask for electronic records as well. Most of those requests span a timeframe of more than five years.

STATUTORY CHARGE

Act 79 of 2013 requires the Green Mountain Care Board (Board) to “study the costs and fees associated with providing copies, pursuant to 18 V.S.A. § 9419, of medical records maintained and provided to patients in a paperless format.” The Board shall “consult with interested stakeholders including the Vermont Association of Hospitals and Health Systems (VAHHS) and the Vermont Association for Justice (VTAJ), and shall review related policies in other states.” The Board must report the results of its study to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare on or before January 15, 2014. *See* Act No. 79 of 2013 (Act 79), § 46a.

STUDY PROCESS

To meet this statutory charge, the Board researched the law in the other states regarding the costs associated with the release of medical information. The results of that research are summarized below in this report and laid out in more detail in the table attached as Appendix A.

The Board also worked with stakeholders on this study, meeting with the Vermont Association of Hospitals and Health Systems (VAHHS) and the Vermont Association for Justice (VTAJ) on four occasions, beginning in the summer of 2013. Two of those meetings included hospital employees who have direct responsibility for handling requests for the release of patient information for their hospitals. They provided firsthand information about the issues faced by health care providers regarding delivery of care, documentation and release of information to the requesting patient, attorney or licensed third party.

The GMCB also met by telephone with Kyle Probst, Director of Governmental Relations for Healthport, a third party vendor who handles Release of Information (ROI) requests for

health care providers across the country, including some providers in Vermont. Mr. Probst contacted the Board after learning of the Board's statutory charge to conduct this study.

In September 2013, the Board, VAHHS, and VTAJ worked together to develop a survey requesting feedback regarding hospitals' ROI processes and associated costs. The Board drafted an initial set of questions aimed at understanding each hospital's current ROI process, workflow, productivity, system capabilities, access to information, and costs to the individuals requesting medical records. VAHHS and VTAJ then reviewed and refined the questions, and VAHHS distributed the survey to hospitals and provider organizations around the State. We received a strong response, with sixteen institutions submitting answers to the survey: thirteen hospitals, the White River Junction VA Medical Center, the Brattleboro Retreat, and the Visiting Nurse Association of Chittenden & Grand Isle Counties. The full results of that survey are attached to this report as Appendix B.

More recently, VTAJ drafted and promulgated a survey to its members, seeking information on their practices around ROI requests. VTAJ made those results available to the GMCB for use in preparing this report. The results are attached as Appendix C.

Finally, the Vermont Medical Society (VMS) has sent this report to its membership and will provide any feedback it receives to the GMCB. If that process results in information that augments or differs from the information presented here, then the Board will submit a supplement to this report.

VERMONT LAW

As the statutory charge for this report recognizes, Vermont has addressed the amount that custodians of health information can charge for providing copies of that information. Specifically, 18 V.S.A. § 9419 ("Charges for access to medical records") provides:

(a) A custodian may impose a charge that is no more than a flat \$5.00 fee or no more than \$0.50 per page, whichever is greater, for providing copies of an individual's health care record. A custodian shall provide an individual or the authorized recipient with an itemized bill for the charges assessed. A custodian shall not charge for providing copies of any health care record requested to support a claim or an appeal under any provision of the Social Security Act or for any other federal or state needs-based benefit or program.

(b) A custodian may charge an individual a fee, reasonably related to the associated costs, for providing copies of x-rays, films, models, disks, tapes, or other health care record information maintained in other formats.

(c) As used in this section:

(1) "Custodian" means any person who maintains health care information for any lawful purpose, including a health care provider, a health care facility, or a health insurer.

(2) "Health care record" means all written and recorded health care information about an individual maintained by a custodian.

(3) "Individual" means a natural person, alive or dead, who is the subject of health care information and includes, when appropriate, the individual's attorney-in-fact, legal guardian, health care agent, as defined in 18 V.S.A. chapter 111, executor, or administrator.

Section 9419, which was enacted in 2000 and has not been amended since, does not explicitly address information provided in paperless or electronic format.

RELATED LAWS IN OTHER STATES

As explained below, the laws and policies of other states regarding the costs and fees associated with providing copies of medical records in paperless format cover a range of approaches. Some states have no governing law, some have set specific fees in statute, and others require that any fees be "reasonable" in relation to cost.

Preliminarily, while there is no overarching unified federal standard that controls the costs or fees associated with providing copies of medical records, the Health Insurance Portability and Accountability Act (HIPAA) provides some parameters. Under HIPAA, a

covered entity can only charge "reasonable" cost-based fees for providing medical records to patients. *See* 45 C.F.R. § 164.524(c). The fee may only include the cost of copying (including supplies and labor) and postage, if the patient requests that the copy be mailed. *Id.* If the patient has agreed to receive a summary or explanation of his or her protected health information, the covered entity may also charge a fee for preparation of the summary or explanation. *Id.* The fee may not include costs associated with searching for and retrieving the requested information. *Id.*

Within those broad parameters, the states' approaches to regulating fees charged for providing copies of medical records fall into three categories. Each state either: 1) sets a specific fee directly in the statute for services; 2) requires in statute that fees be "reasonable" in relation to costs; or 3) does not regulate the fees for delivery of medical records.¹ A detailed table showing the relevant statutory standard in each state that has regulated these fees is attached as Appendix A to this Report.

STATES THAT SET SPECIFIC FEES

Most states (44, including Vermont) set specific fees by statute for individuals and their representatives to be able to obtain his/her protected health information. The fee in this type of scheme can include either or both of two components: a base fee and a per-page fee. Vermont's statute, for example, includes both components, authorizing a charge of the greater of a \$5.00 flat fee or \$0.50 per page. 18 V.S.A. § 9419(a). In effect, then, § 9419(a) allows a base fee of \$5.00, plus an additional fee of up to \$0.50 per page beyond that base fee.

Most of the "specific-fee" states allow a per-page charge. Typically, the fee graduates downward as the number of pages increases. For example, the state of Indiana allows ROI custodians to charge attorneys \$20 for the first ten pages. *See* 760 Ind. Admin. Code 1-71-3.

¹ Our research indicates that two states, Alaska and Idaho, do not regulate through state statute the fees and costs associated with the release of medical records.

Then both the attorney and the patient would be charged \$0.50 from 11 pages to 50 pages, and \$0.25 per page thereafter. *Id.* Other states, like New York or California, simply charge a flat per-page rate regardless of how many pages are needed to fill the request. *See* N.Y. Pub. Health Law § 18(e) (McKinney); Cal. Evid. Code § 1560-1567.

The base fees that states permit range from \$0 (*See* Conn. Gen. Stat. Ann. § 20-7c(d)) to the highest rate of over \$44 that Texas allows the hospitals to charge attorneys for the first ten pages. *See* Tex. Health and Safety Code Ann. § 241.154. The average base fee is approximately \$15.00. The per-page rates range from as low as \$0.10 per page in California to \$2.00 per page in Rhode Island. *See* Cal. Evid. Code § 1560-1567; RI Admin. Code 31-5-41:11.0 Services.

Among the “specific-fee” states, there are variations on the basic scheme described above. Kentucky’s statute, for example, allows a patient one copy of his or her complete medical record and then charges a flat one dollar per page cost based fee for any records thereafter. *See* KRS 422.317. Further, some state statutes provide for the fee set to be automatically adjusted based on the indicators like the Consumer Price Index. *See, e.g.,* Md. Code Ann., Health-Gen. § 4-304(c)(4) (permitting fees to be “adjusted annually in accordance with the Consumer Price Index”).

Finally, of the states that set fees directly in statute, only 6 states have distinct rates that address delivery of information in a paperless or electronic format. Illinois, for example, sets the rates and fees for paperless medical records at half the rate for paper based records. *See* 735 ILCS § 5/8-2006. Texas, on the other hand, allows fees for providing copies of electronic records that are twice the fees authorized for paper records. *See* Tex. Health & Safety Code § 241.154. Most of the states in this category have a maximum amount that hospitals are allowed to charge patients for medical records in a paperless format.

STATES THAT ALLOW COST-BASED FEES

Four states and the District of Columbia have not set specific fees for the cost of medical records. Instead, they have enacted statutes that allow organizations to charge fees based on the “reasonable costs” of providing the requested records. Typically, this means that the hospital or health care provider may only charge actual costs associated with the delivery of patient medical records and the reasonable fees for postage and preparation of a summary if requested. For example, in Wyoming, the statute allows providers to charge a “reasonable fee, not to exceed the hospital’s actual costs” when providing a patient’s health care information. *See* Wyo. Stat. Ann. § 35-2-611(b). Similarly, Arizona permits a provider “charge a reasonable fee” for the production of a patient’s medical record. *See* Ariz. Stat. Rev. Ann. § 12-2295.

In sum, the Board’s research on other states’ approaches to this issue reveals fairly wide variation in how, and how much, states allow custodians to charge for providing copies of medical records. By way of comparison, Vermont seems to fall on the lower end of the spectrum in its pricing and base fee statutory scheme.

RESULTS OF THE HEALTH CARE PROVIDERS SURVEY

As explained above, the GMCB, VAHHS, and VTAJ worked together to create a survey, which VAHHS distributed to Vermont health care providers. The survey’s aim was to collect information from custodians of medical records who provide copies of medical records in response to ROI requests concerning the nature and costs of their ROI systems. The survey results, which represent virtually all Vermont hospitals, show great variation across those organizations in terms of the systems and formats in which medical records are stored and retrieved.

To begin with, the survey shows that the vast majority of medical records in Vermont reside in hybrid systems comprising both electronic and paper components, with only one out of sixteen respondents indicating that its records were 100% electronic. Health Care Providers Survey Results (Appendix B) Q3, p.5. Eleven respondents also maintain some records on microfilm or microfiche. *Id.* Q4, p.6.

It also bears mention that even when a provider organization has EMR systems in place, the organization may still have to translate a large volume of paper into electronic form. For example, Fletcher Allen Health Care (FAHC) reported that approximately 1,450 inches of paper are generated each month from ambulatory visits, with hospital inpatient and outpatient visit records generating another 350 inches per month.² That material must then be scanned into the EMR.

In a related vein, the cost of “backscanning” to convert historical paper files into electronic form is costly, prohibitively so for some organizations. Based on current retention requirements, and the high cost and time requirements to back-scan historical paper records, many of Vermont’s medical providers will continue to manage paper files in a hybrid system for the foreseeable future.³

The survey results also demonstrate that most institutions do not have a single, unified electronic system, but rather multiple electronic systems that maintain records for different functional areas. In response to the question of how many electronic systems are used to generate a medical record, only three respondents stated that there was a single system utilized. Eleven organizations indicated that they have to access multiple different electronic systems in

² One inch of paper equals approximately 125 pages. Therefore, FAHC generates approximately 225,000 pages of paper that must be processed each month.

³ This information concerning back-scanning of paper records was shared during meetings with the GMCB, VAHHS, and VTAJ by representatives from several Vermont hospitals who also participate in the Vermont Health Information Management Association.

order to bring together the records for a specific ROI. *Id.* Q5, p.7. Some respondents have to access as many as nine or ten different electronic systems to generate the data necessary to fulfill an individual's request. *Id.* Only three out of fifteen institutions indicated that, if the records are generated in multiple systems, there one primary system that comprises the record in its entirety. *Id.* Q6, p.8.

The survey results also show that the presence of electronic medical records (EMRs) does not necessarily translate to easier or less costly responses to ROI requests. When asked whether the use of EMRs made it easier to respond to ROI requests, eight of the fourteen respondents who answered the question said no. *Id.* Q25, p.33. Eleven of those respondents provided explanatory comments. Three respondents indicated that EMRs do, in some instances, save time and effort in gathering information and obviate the need to make physical copies by machine. However, most of the responses indicate that because of the presence of hybrid systems comprising multiple electronic components, paper files, and other physical media like microfilm, it takes more time to conduct an exhaustive search for all records responsive to a ROI. *Id.* Q25 (explanatory comments, pp.33-34).

Further, respondents vary in their ability to transmit records electronically in response to a ROI, with ten having that capability and six lacking it. *Id.* Q8, p.10. Those organizations that are able to provide records electronically use a range of media (CDs, USB flash drives, e-mail), *id.* Q23, p.31, and they generally⁴ do not charge additional fees when using an electronic format. *Id.* Q24, p.32.

A number of organizations now make information available to patients on the web. Seven respondents reported using secure, web-based patient portals to make certain records

⁴ One respondent charges a \$20.00 fee only when releasing imaging records in electronic format. *Id.* Q24, p.32, comment 2.

available to patients online, whenever the patient chooses to access them. *Id.* Q9-Q10, pp.11-12. All seven organizations reported that they do not charge patients for this service. *Id.* Q11, p.13.

In terms of costs, one respondent estimated total annual costs associated with fulfilling ROIs of \$273,000, 93% of which comprised health information management FTE's. *Id.* Q16, pp.18-19. That organization indicated that its cost estimate does not include the service fees for its third-party vendor, HealthPort, and that its revenue over the twelve months ending June 30, 2013, was \$97,578. *Id.* Q26, p.35, comment 8. Another respondent estimated total annual costs of approximately \$242,000, and noted that its revenue from fees for fulfilling ROI requests for the past 12 months was \$47,600. *Id.* Q26, p.35, comment 1.

RESULTS OF THE VTAJ SURVEY

VTAJ recently surveyed its members in order to collect information about their experience making ROI requests. Most of the respondents (40 out of 44, or 91%) reported making more than ten ROI requests per year. VTAJ Survey Results (Appendix C) Q1, p.1. The survey shows that all respondents submit ROI requests to hospitals, and the great majority make requests to a range of other facilities: providers' offices (98%); community health centers (82%); health clinics (84%); physical therapists (91%); and mental health providers (91%). Approximately 52% reported requesting information from dentists' offices. *Id.* Q2, p.2. The survey indicates that a majority of these requests seek records that are at least five years old. *Id.* Q3, p.3. A large majority (40 out of 44, or 93%) of respondents request records in paper form, with 67% requesting electronic records. All but one survey respondent reported receiving duplicate pages in ROI responses, and 60% of respondents have seen an increase in the number of records with duplicate pages since providers have implemented EMR systems. *Id.* Q8-Q9, pp.8-9.

CONCLUSION

The Board's research on other states' laws governing the fees charged for providing copies of medical records shows that most states, including Vermont, have enacted statutes that set specific base and per-page limits on the fees that providers may charge for responding to ROIs. Vermont's base fee of \$5.00 and per-page fee of \$0.50 both fall towards the low end of the spectrum of state statutory limits.

The health care provider survey and the VTAJ survey both indicate that Vermont health care providers, by and large, maintain hybrid medical records systems, with paper and electronic components. Further, the information gathered through this study process does not indicate that the presence of EMRs has made the process of responding to ROIs easier or cheaper for Vermont health care providers.

Appendix A: State Statutes re Fees Charged for Providing Copies of Medical Records

State & Relevant Statute Citation	Link to Statute	Base Fee	Per Page Fee
Alabama - Section 12-21-6.1 Alabama Code Reproduction	http://alisondb.legislature.state.al.us/acas/codeofalabama/1975/12-21-6.1.htm	\$5	\$1.00(1-25 pgs); then \$.50
Alaska	n/a	not regulated	not regulated
Arizona - A.R.S. 12-2295	http://www.azleg.gov/ars/12/02295.htm	reasonable fee	reasonable fee
Arkansas - Arkansas Code Annotated [A.C.A.] Sec. 16-46-106	http://www.arkleg.state.ar.us/assembly/2007/R/Acts/Act662.pdf	\$15	\$.50(1-25 pgs), then \$.25
California - Evidence Code Section 1560-1567	http://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201120120SB1543	n/a	\$.10 per page
Colorado - 6 C.C.R. 1011-1, Chapter 2, Part 5.2.3.4	http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadname1=Content-Disposition&blobheadname2=Content-Type&blobheadvalue1=inline%3B+filename%3D%22Medical+Record+Fees.pdf%22&blobheadvalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251810096135&ssbinary=true	\$16.50(1-10pgs)	\$.75(11-40pgs),then \$.50
Connecticut - Title 20 §20-7c(b)	http://www.cga.ct.gov/2011/pub/chap369.htm	n/a	\$0.65
Delaware - Delaware Administrative Code, Title 24: 24 Del. Code, Chapter 1700, Section 29	http://dpr.delaware.gov/boards/medicalpractice/record_fees.shtml	n/a	\$.2(1-10pgs), \$1(11-20pgs), \$.90(21-60pgs), \$.50(6land above pgs)
District of Columbia - D.C. Mun. Regs. tit. 17, § 4612.2(b)	http://www.dcregs.dc.gov/Gateway/RuleHome.aspx?RuleNumber=17-4612	"reasonable fee"	"reasonable fee"
Florida - Florida Statutes 395.3025	http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0395/Sections/0395_3025.html	\$1/year searched	\$1 per page
Georgia - Georgia General Assembly Unannotated Code §31-33-3	http://sos.georgia.gov/plb/GEORGIA%20PATIENT%20RECORDS%20LAWS.pdf	\$25.88	\$.97(1-25 pgs), \$.83(21-100, then \$.66
Guam - Guam Code Ann. tit. 10, § 80105	http://www.health.gov/sites/default/files/anna5-1.pdf	\$18.92(1-10pgs)*	1.85*
Hawaii - Hawaii Revised Statute Section 622-57(g)	http://www.capitol.hawaii.gov/hrscurrent/Vol13_Ch0601-0676/HR50622/HR5_0622-0057.htm	Reasonable Costs	reasonable cost
Idaho	n/a	not regulated	not regulated
Illinois - IL ST CH 735 §5/8-2006	http://www.ioc.state.il.us/index.cfm/resources/general-resources/copy-fees/	\$25.99	\$.97(1-25pgs), \$.65(26-50pgs), then \$.32. Allows annual increase based on CPI. Electronic rates 50% of the per page charge for paper copies.
Indiana - 760 IAC 1-71-3	http://www.in.gov/legislative/register/Vol29/02Nov02F760050026.PDF	\$20(1-10 pgs)	\$.50(11-50 pgs), then \$.25
Iowa - 45 CFR (Code of Federal Regulations) 164.524(c)(4)	http://www.gpo.gov/fdsys/pkg/CFR-2010-title45-vol1/pdf/CFR-2010-title45-vol1-sec164-524.pdf	reasonable, cost based fee	reasonable cost based fee
Kansas - K.S.A. 65-4971(b)	http://kansasstatutes.lesterama.org/Chapter_65/Article_49/65-4971.html	\$18.97	\$.63(1-250pgs) then \$.45. Allows annual increase based on CPI.
Kentucky - KRS 422.317	http://www.lrc.ky.gov/statutes/statute.aspx?id=18145	n/a	1st copy free, then \$1
Louisiana - Louisiana Revised Statutes 40:1299.96	http://www.legis.state.la.us/lss/ass.asp?doc=97291	\$25	\$1.00(1-25pgs), \$.50(26-350pgs), then \$.25 Digital copies may be charged at the same rate, but the charge may not exceed \$25.
Maine - Title 22 Section 1711	http://www.mainelegislature.org/legis/statutes/22/title22sec1711.html	\$10(incl. pg 1)	\$0.35
Maryland - Health-General Article Section 4-304(c)(3)	http://dhmh.maryland.gov/psych/pdf/Medicalreports.pdf	\$22.88	\$0.76. Allows annual increase based on CPI.
Massachusetts - 243 CMR 2.07(13)	http://www.mass.gov/eohhs/docs/borim/reg-243-cmr-2.pdf	\$20.59	\$.70(1-100), then \$.36. Allows annual increase based on CPI.
Michigan - Medical Records Access Act 47 of 2004 333.26269 Section 9 Fee:	http://www.legislature.mi.gov/(S?pk1h0e45vemh1h55cqnrv2d)/mileg.aspx?page=GetObject&objectname=mcl-333-26269	\$23.32	\$1.16(1-20pgs), \$.58(21-50), then \$.23. Allows annual increase based on CPI.
Minnesota - Minnesota Statute 144.335, Subdivision 5	http://www.health.state.mn.us/e-health/mpsp/solv/mnstat144335.pdf	\$17.21	\$1.30. Allows annual increase based on CPI.
Mississippi - Section 11-1-52, Mississippi Code of 1972	http://www.mscode.com/free/statutes/11/001/0052.htm	\$20(1-20pgs)	\$1.00(21-100pgs), then \$.50
Missouri - Missouri Revised Statutes §191.227	http://www.moga.mo.gov/statutes/c100-199/1910000227.htm	\$22.82	\$0.53. Allows annual increase based on CPI. Electronic Rates \$5.00 plus \$.55 or \$25 total, whichever is lower.
Montana - Montana Code Annotated 50-16-540	http://leg.mt.gov/bills/mca/50/16/50-16-540.htm	\$15	\$0.50
Nebraska - 71-8404	http://nebraskalegislature.gov/laws/statutes.php?statute=71-8404	\$20	\$0.50
Nevada - NRS 629.061	http://leg.state.nv.us/NRS/NRS-629.html#NRS629Sec061	No Fee Allowed	\$0.60
New Hampshire - Title XXX Occupations and Professions Chapter 332-I Medical Records	http://gencourt.state.nh.us/rsa/html/xxx/332-i/332-i-mrg.htm	\$15(1-30pgs)	\$0.50
New Jersey - New Jersey Administrative Code §8:43G-15.3(d)	http://www.njleg.state.nj.us/2012/Bills/S3000/2820_11.HTM	\$10	\$1.00(1-100pgs), then \$.25. Maximum charge of \$200 (hospitals) or \$100 (physician).
New Mexico - 16.10.17.8(B) NMAC	http://www.nmcpr.state.nm.us/nmac/parts/title16/16.010.0017.htm	\$30(1-15pgs)	\$0.25
New York - N.Y. Pub. Health Law § 18(e) (McKinney)	http://public.leginfo.state.ny.us/LAWSSEAF.cgi?QUERYTYPE=LAWS+&QUERYDATA=SSPBH18S&TXPBH018+&LIST=LAW+&BROWSER=EXPLORER+&TOKEN=37487223+&TARGET=VIEW	n/a	\$0.75
North Carolina - North Carolina General Statutes §90-411	http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter90/GS_90-411.html	\$10	\$.75(1-25pgs), \$.50(26-100pgs), then \$.25
North Dakota - N.D. Cent. Code Section 23-12-14	http://www.legis.nd.gov/cencode/t23c12.pdf?20130731125742	\$20(1-25pgs paper); \$30(1-25pgs electronic)	\$.75 paper records, \$.25 electronic records

Appendix A: State Statutes re Fees Charged for Providing Copies of Medical Records

Ohio - [§ 3701.74.1] § 3701.741.	http://www.psychology.ohio.gov/oac/3701741/3701_741.htm	\$18.34	\$1.20(1-10pgs), \$0.62(11-50pgs), then \$0.26. Allows annual increase based on CPI.
Oklahoma - 76 Okla. Stat. Sec. 19	http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=439160	\$1.00	\$0.50 or Electronic \$0.30
Oregon - ORS 192.521 Health care provider and state health plan charges	http://www.leg.state.or.us/ors/192.html	\$30(1-10pgs)	\$.50(11-50pgs), then \$.25
Pennsylvania - 42 Pa.B. 7767	http://www.portal.health.state.pa.us/portal/server.pt/community/department_of_health_information/10674/fees_for_medical_records/559368	\$21.08	\$1.42(1-20pgs), \$1.05 (21-60pgs), then \$0.35. Allows annual increase based on CPI.
Puerto Rico - P.R. Laws Ann. tit. 24 § 3049	http://www.hpi.georgetown.edu/privacy/stateguides/pr/pr.pdf		\$0.75, \$25(max fee for record)
Rhode Island - 31-5-41:11.0. Services	http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7017.pdf	\$15	\$.25(1-100pgs), then \$.10
South Carolina - SC ST SEC 44-115-80	http://www.scstatehouse.gov/code/t44c115.php	\$15	\$.65(1-30), then \$.50
South Dakota - South Dakota Administrative Rule 47:03:05:09	http://legis.state.sd.us/rules/DisplayRule.aspx?Rule=47:03:05:09	\$10(1-10pgs)	\$0.33
Tennessee - Tennessee Code/Title 63 Professions Of The Healing Arts/Chapter 2 Medical Records/63-2-102.	http://www.tn.gov/sos/acts/100/pub/Pubc0425.HTM	\$18(1-5pgs)	\$.85(6-50), \$.60(51-250pgs),then \$.35
Texas - Texas Health and Safety Code §241.154	www.dshs.state.tx.us/hfp/pdf/MedRecFee.pdf	\$44.33(1-10pgs) or \$86.30(electronic)	\$1.49(11-60pgs), \$0.74(61-400pgs), then \$0.39. Allows annual increase based on CPI.
Utah - Utah Code Title 78B,Chapter 5, Section 618: Patient access to medical records.	http://le.utah.gov/code/TITLE78B.htm/78B05_061800.htm	\$20	\$0.50(1-40pgs),then \$0.30
Vermont - 18 V.S.A. § 9419. Charges for access to medical records	http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=18&Chapter=221&Section=09419	\$5(1-10pgs)	\$0.50(11+pgs)
Virginia - VA Code § 32.1-127.1:03. Health records privacy.	http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+8.01-413	\$10	\$0.50(1-50pgs), then \$0.25
Washington - WAC 246-08-400	http://apps.leg.wa.gov/wac/default.aspx?cite=246-08-400	\$24	\$1.09(1-30), then \$0.82
West Virginia - West Virginia Code §16-29-2(a)	http://www.legis.state.wv.us/WVCODE/ChapterEntire.cfm?chap=16&art=29&section=2	\$10	\$0.75
Wisconsin - Section 146.83	http://docs.legis.wisconsin.gov/statutes/statutes/146/83	\$20.62	\$1.02(1-25pgs), \$0.76(26-50pgs), \$0.51(51-100pgs), then \$0.30. Allows annual increase based on CPI.
Wyoming - Wyoming Statutes Title 35, Chapter 2, Article 6, Section 35-2-611(b)	http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title35/T35CH2.htm	Reasonable fee	"reasonable fee defined by actual costs"

*States in Red have distinct provisions for Electronic Medical Records (6 total)

**States in Orange are not currently regulating the fees charged by providers for Medical records(2 total)

APPENDIX B

Release of Information Practices for Vermont Hospital Health Information Management

Q1 Contact information of person completing the survey:

Answered: 16 Skipped: 0

Answer Choices	Responses
Name:	100% 16
Hospital:	100% 16
Address:	0% 0
Address 2:	0% 0
City/Town:	0% 0
State:	0% 0
ZIP:	0% 0
Country:	0% 0
Email Address:	100% 16
Phone Number:	100% 16

#	Name:	Date
1	Patricia Torrey	10/31/2013 12:46 PM
2	Hollison Hanson	10/28/2013 2:53 PM
3	Kathy Stover	10/23/2013 10:08 AM
4	Linda Anoe	10/22/2013 3:58 PM
5	Susan Merrow	10/22/2013 2:53 PM
6	D. Norcross and M. Chamberlain	10/22/2013 2:22 PM
7	Charmaine Vinton	10/22/2013 2:19 PM
8	Elizabeth Price	10/18/2013 2:39 PM
9	Carie Kelly	10/18/2013 1:55 PM
10	Angela Bastian	10/16/2013 11:18 AM
11	Maria Sportelli, RHIA	10/15/2013 2:54 PM
12	Catherine Traegler	10/15/2013 10:39 AM
13	Lorin Young	10/10/2013 1:44 PM
14	Brenda Labreck	10/7/2013 6:05 PM
15	Diane Dolan	10/2/2013 7:19 AM
16	Clarence Hallmartel	10/1/2013 2:34 PM

#	Hospital:	Date
1	Porter Hospital	10/31/2013 12:46 PM
2	CVMC	10/28/2013 2:53 PM
3	Grace Cottage	10/23/2013 10:08 AM
4	Mt. Ascutney	10/22/2013 3:58 PM
5	NorthEastern VT Regional	10/22/2013 2:53 PM
6	Rutland Regional	10/22/2013 2:22 PM

Release of Information Practices for Vermont Hospital Health Information Management

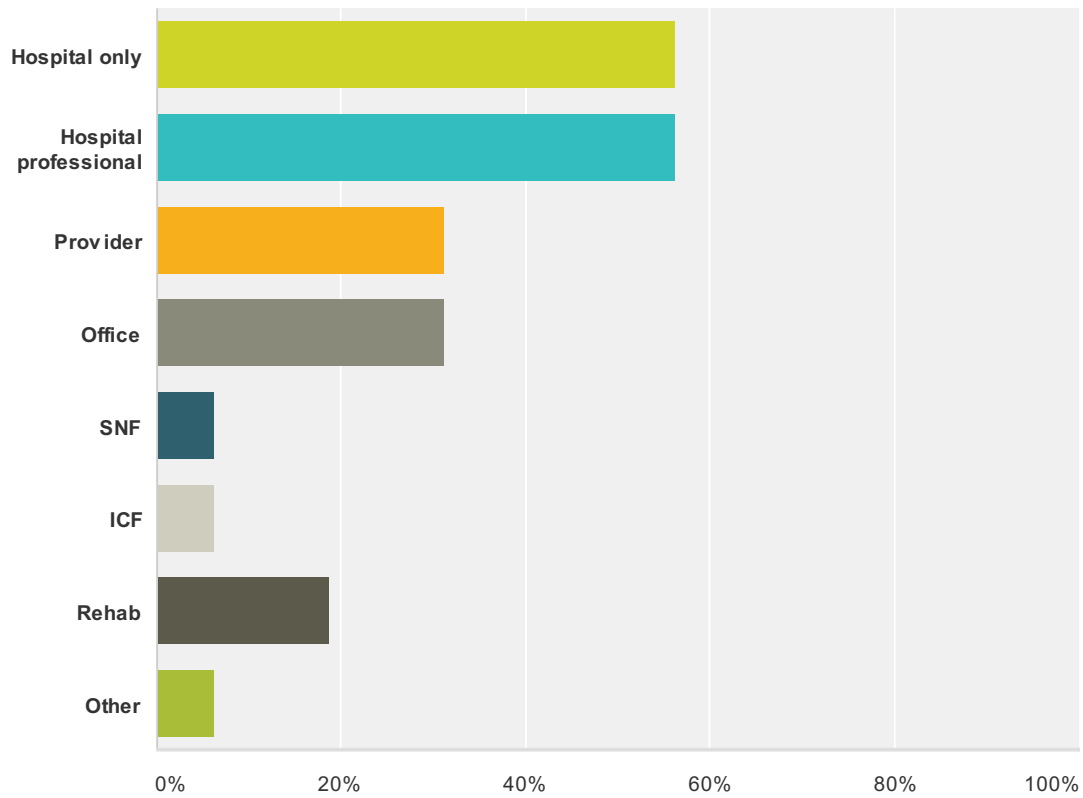
7	Brattleboro Memorial Hospital	10/22/2013 2:19 PM
8	North Country Hospital	10/18/2013 2:39 PM
9	Springfield Hospital	10/18/2013 1:55 PM
10	Fletcher Allen Health Care	10/16/2013 11:18 AM
11	Visiting Nurse Association of Chittenden & Grand Isle Co	10/15/2013 2:54 PM
12	Gifford Medical Center	10/15/2013 10:39 AM
13	Brattleboro Retreat	10/10/2013 1:44 PM
14	Northwestern Medical Center	10/7/2013 6:05 PM
15	Copley Hospital	10/2/2013 7:19 AM
16	White River Junction VAMC	10/1/2013 2:34 PM
#	Address:	Date
	There are no responses.	
#	Address 2:	Date
	There are no responses.	
#	City/Town:	Date
	There are no responses.	
#	State:	Date
	There are no responses.	
#	ZIP:	Date
	There are no responses.	
#	Country:	Date
	There are no responses.	
#	Email Address:	Date
1	PTorrey@portemedical.org	10/31/2013 12:46 PM
2	hollison.hanson@cvmc.org	10/28/2013 2:53 PM
3	none	10/23/2013 10:08 AM
4	linda.anoe@mahhc.org	10/22/2013 3:58 PM
5	s.merrow@nvrh.org	10/22/2013 2:53 PM
6	mchamber@rmc.org	10/22/2013 2:22 PM
7	cvinton@bmhvt.org	10/22/2013 2:19 PM
8	eprice@nchsi.org	10/18/2013 2:39 PM
9	ckelly@springfieldmed.org	10/18/2013 1:55 PM
10	Angela.Bastian@vtmednet.org	10/16/2013 11:18 AM
11	sportelli@vnacares.org	10/15/2013 2:54 PM
12	ctraegler@giffordmed.org	10/15/2013 10:39 AM
13	lyoung@brattlebororetreat.org	10/10/2013 1:44 PM
14	blabreck@nmcinc.org	10/7/2013 6:05 PM
15	ddolan@chsi.org	10/2/2013 7:19 AM
16	clarence.hallmartel@va.gov	10/1/2013 2:34 PM
#	Phone Number:	Date
1	18023884701	10/31/2013 12:46 PM
2	18023714438	10/28/2013 2:53 PM

Release of Information Practices for Vermont Hospital Health Information Management

3	18023657357	10/23/2013 10:08 AM
4	18026747254	10/22/2013 3:58 PM
5	18027488141	10/22/2013 2:53 PM
6	18027757111	10/22/2013 2:22 PM
7	8002-257-8387	10/22/2013 2:19 PM
8	802-334-3265	10/18/2013 2:39 PM
9	802-885-7387	10/18/2013 1:55 PM
10	8028472347	10/16/2013 11:18 AM
11	802-860-4402	10/15/2013 2:54 PM
12	802-728-2332	10/15/2013 10:39 AM
13	802-258-4374	10/10/2013 1:44 PM
14	802-524-8838	10/7/2013 6:05 PM
15	8028888350	10/2/2013 7:19 AM
16	802-295-9363 x 5748	10/1/2013 2:34 PM

Q2 Does your HIM department process requests for:

Answered: 16 Skipped: 0

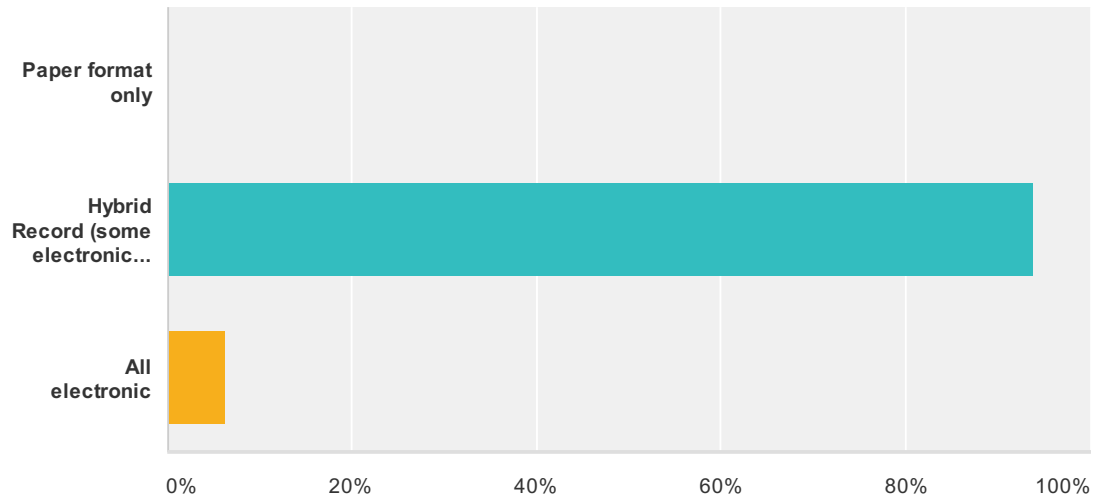


Answer Choices	Responses
Hospital only	56.25% 9
Hospital professional	56.25% 9
Provider	31.25% 5
Office	31.25% 5
SNF	6.25% 1
ICF	6.25% 1
Rehab	18.75% 3
Other	6.25% 1
Total Respondents: 16	

#	Other (please specify)	Date
1	Interventional Pain	10/7/2013 6:05 PM

Q3 Are your records maintained in:

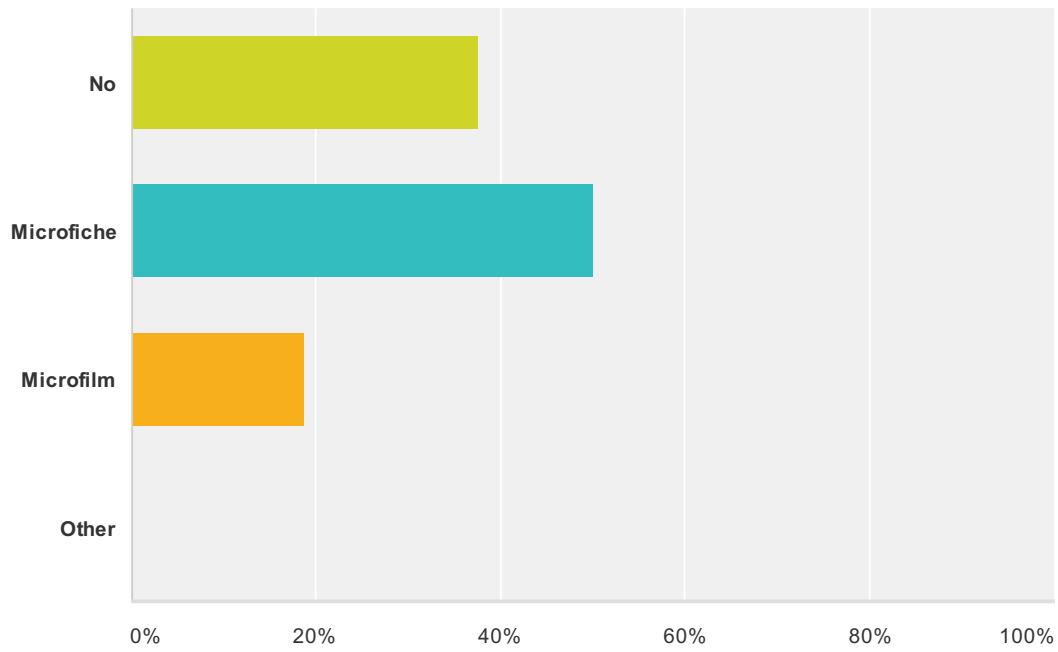
Answered: 16 Skipped: 0



Answer Choices	Responses
Paper format only	0% 0
Hybrid Record (some electronic, some paper)	93.75% 15
All electronic	6.25% 1
Total	16

Q4 Do you have records stored in any other mediums:

Answered: 16 Skipped: 0



Answer Choices	Responses
No	37.50% 6
Microfiche	50% 8
Microfilm	18.75% 3
Other	0% 0
Total Respondents: 16	

#	Other (please specify)	Date
	There are no responses.	

Q5 If you have any electronic records, how many systems are used to generate those records:

Answered: 14 Skipped: 2

#	Responses	Date
1	3	10/31/2013 12:46 PM
2	six	10/28/2013 2:53 PM
3	one	10/23/2013 10:08 AM
4	3	10/22/2013 3:58 PM
5	One	10/22/2013 2:22 PM
6	4 Systems	10/22/2013 2:19 PM
7	9 (Affinity, Paragon, HPF, HPC, Allscripts, EKG, MedHost, PACS, Lab)	10/18/2013 2:39 PM
8	4 major systems - CPSI Allscripts T-system PACS	10/18/2013 1:55 PM
9	One for all general releases. All other information systems feed data into Epic (aka Prism).	10/16/2013 11:18 AM
10	2	10/15/2013 2:54 PM
11	Three	10/15/2013 10:39 AM
12	2	10/10/2013 1:44 PM
13	6-10 (depending on the timeframe)	10/7/2013 6:05 PM
14	E clinical Works, CPSI	10/2/2013 7:19 AM

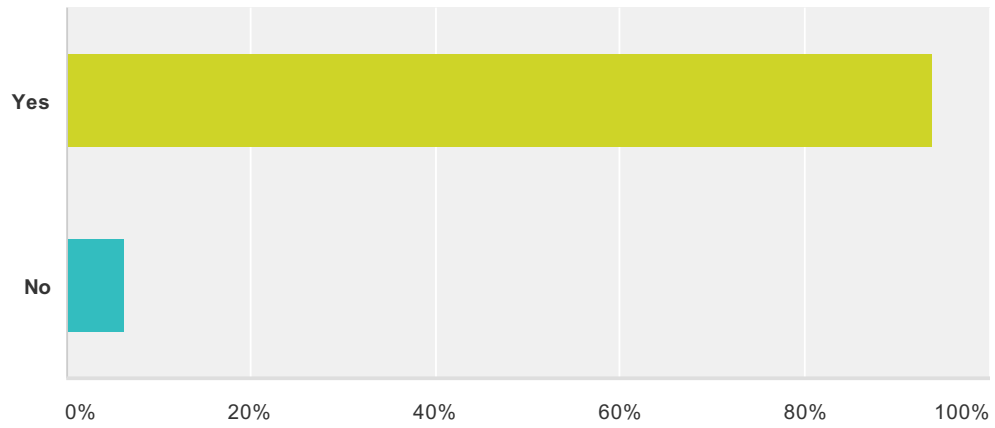
Q6 If records are generated in multiple systems, is there one primary system that comprises the record in its entirety?

Answered: 15 Skipped: 1

#	Responses	Date
1	yes	10/31/2013 12:46 PM
2	no	10/28/2013 2:53 PM
3	no	10/23/2013 10:08 AM
4	No	10/22/2013 3:58 PM
5	Not yet, - aiming for March 2014	10/22/2013 2:53 PM
6	N/A	10/22/2013 2:22 PM
7	No	10/22/2013 2:19 PM
8	No	10/18/2013 2:39 PM
9	We have 2... CPSI for the Hospital and Allscripts for our physican practices	10/18/2013 1:55 PM
10	For certain audit requests, we may have to access up to four or five different systems for some detail information that may not be available in Prism, such as Imagecast, Intelidose, Horizon Rad, Shared Drive for old ED and transcription files.	10/16/2013 11:18 AM
11	yes	10/15/2013 2:54 PM
12	No	10/15/2013 10:39 AM
13	yes	10/10/2013 1:44 PM
14	No	10/7/2013 6:05 PM
15	no	10/2/2013 7:19 AM

Q7 If you have paper documentation being created, are you scanning into an electronic system?

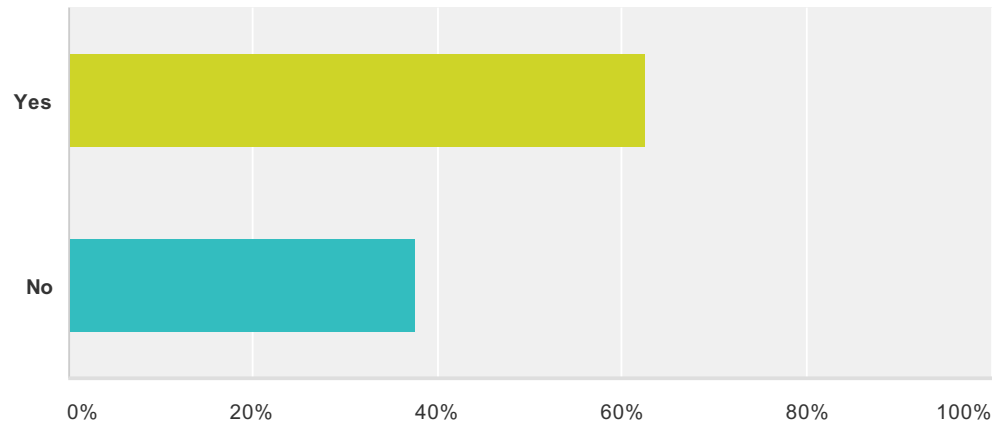
Answered: 16 Skipped: 0



Answer Choices	Responses	
Yes	93.75%	15
No	6.25%	1
Total		16

Q8 Do you currently have any capability of transmitting records electronically to any recipients?

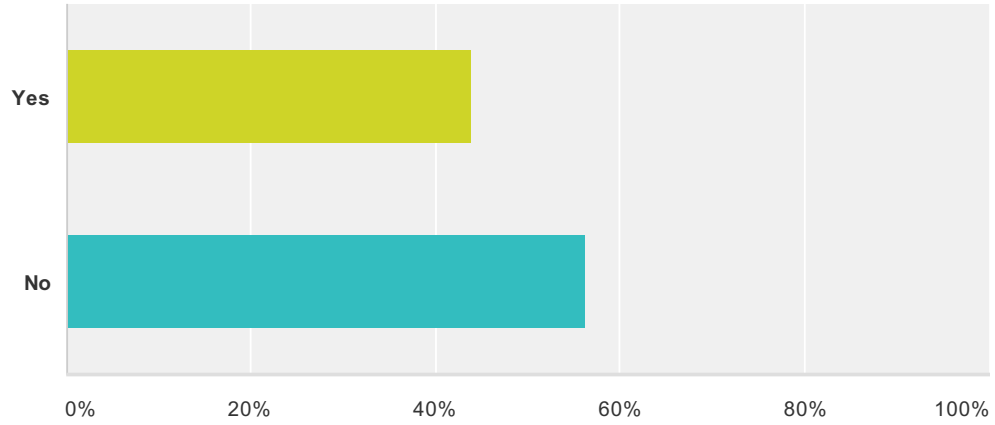
Answered: 16 Skipped: 0



Answer Choices	Responses	
Yes	62.50%	10
No	37.50%	6
Total		16

Q9 Does your organization have any options for patients to access their records electronically, such as via a patient portal (WEB)?

Answered: 16 Skipped: 0



Answer Choices	Responses	Count
Yes	43.75%	7
No	56.25%	9
Total		16

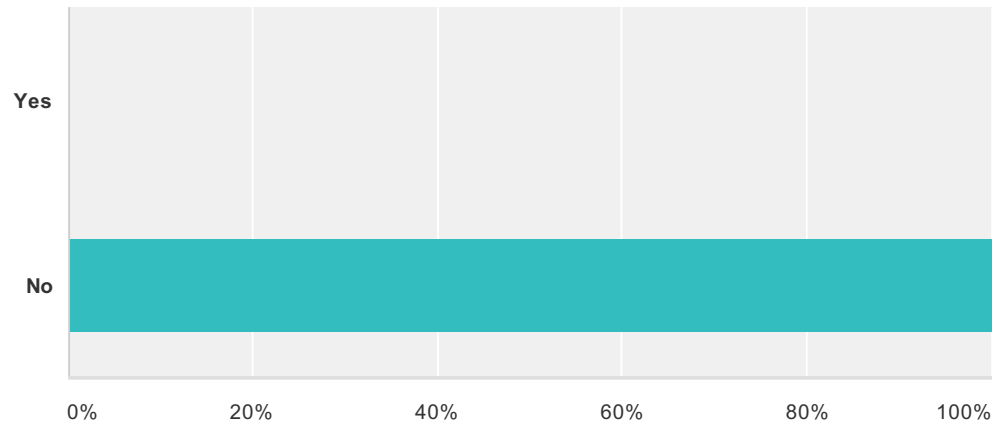
Q10 If you have a patient portal, are there restrictions as to what can be accessed on-line?

Answered: 5 Skipped: 11

#	Responses	Date
1	New service and still in development. Isn't able to show scanned images. Some restrictions of highly sensitive lab results	10/28/2013 2:54 PM
2	Yes	10/23/2013 10:08 AM
3	Yes—we control what goes into it, when it goes into it, and if it goes into it.	10/18/2013 2:39 PM
4	Yes, as determined by provider committee.	10/16/2013 11:18 AM
5	no	10/1/2013 2:35 PM

Q11 Do you charge for this service?

Answered: 7 Skipped: 9

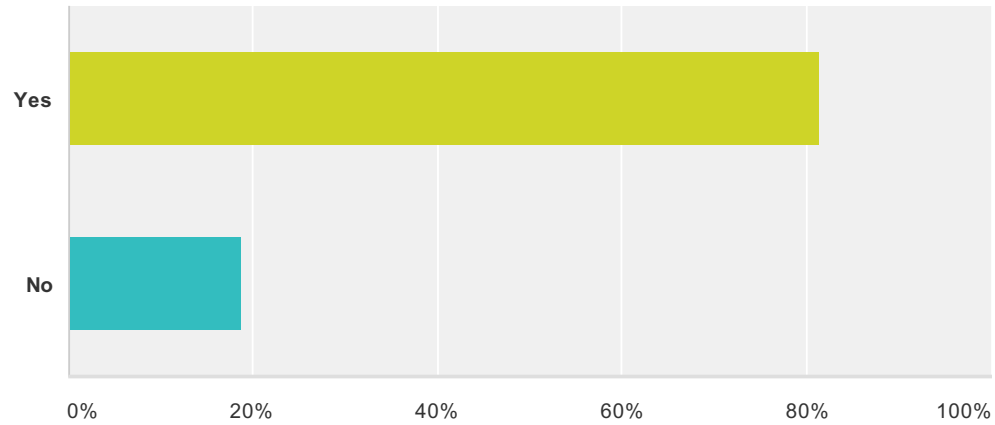


Answer Choices	Responses
Yes	0% 0
No	100% 7
Total	7

#	If you charge for the service, how much?	Date
	There are no responses.	

Q12 Do you have written policies or procedures describing your release of information workflows and practices for charging for copies of records?

Answered: 16 Skipped: 0

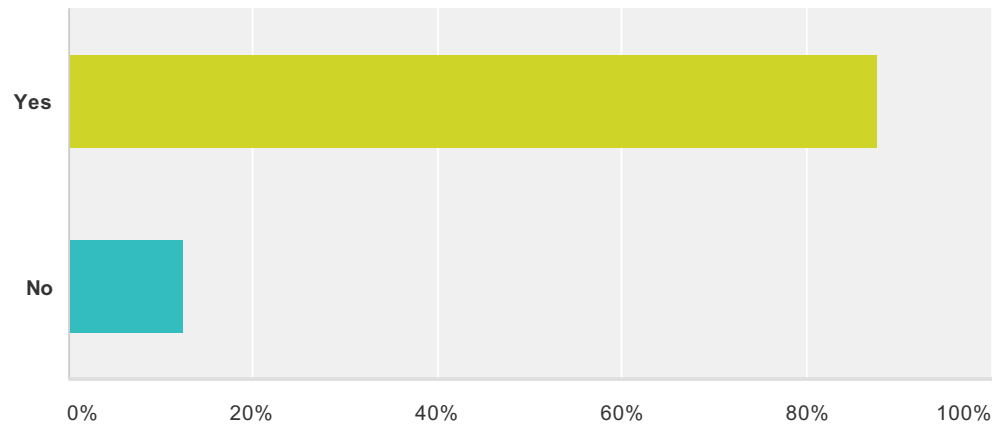


Answer Choices	Responses
Yes	81.25% 13
No	18.75% 3
Total	16

#	If yes, would you share a copy?	Date
1	Under revision	10/22/2013 4:00 PM
2	yes	10/18/2013 3:04 PM
3	Yes	10/18/2013 1:56 PM
4	Yes, we can share a copy.	10/16/2013 11:18 AM
5	yes	10/15/2013 2:54 PM
6	yes	10/15/2013 10:40 AM
7	yes	10/10/2013 1:44 PM
8	needs updating, we don't charge patients that come in for copies	10/2/2013 7:20 AM

Q13 Do you have a record retention and/or destruction policy?

Answered: 16 Skipped: 0

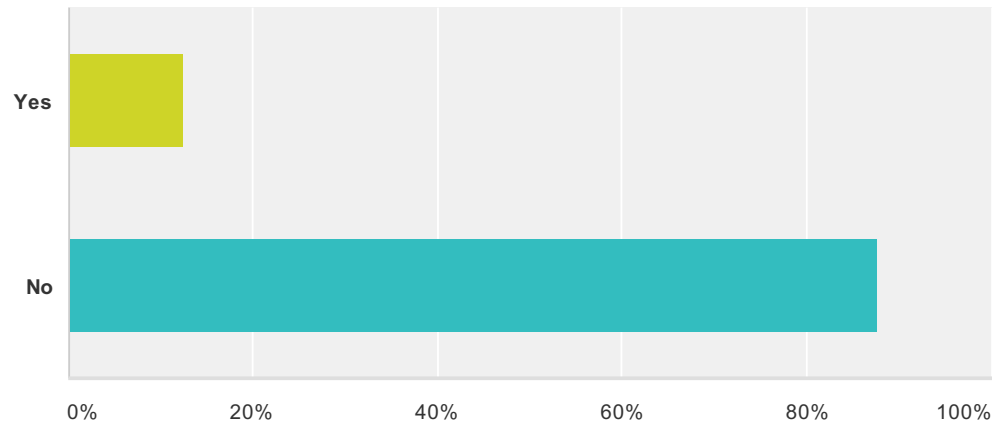


Answer Choices	Responses
Yes	87.50% 14
No	12.50% 2
Total	16

#	If yes, would you share a copy?	Date
1	Under revision	10/22/2013 4:00 PM
2	we dont have a formal policy but we destroy after 10 years	10/22/2013 2:19 PM
3	yes	10/18/2013 3:04 PM
4	yes	10/18/2013 1:56 PM
5	Yes, we can share the copy.	10/16/2013 11:18 AM
6	yes	10/15/2013 2:54 PM
7	yes	10/15/2013 10:48 AM
8	yes	10/2/2013 7:21 AM

Q14 Have you ever calculated the average cost to produce a record to satisfy a request?

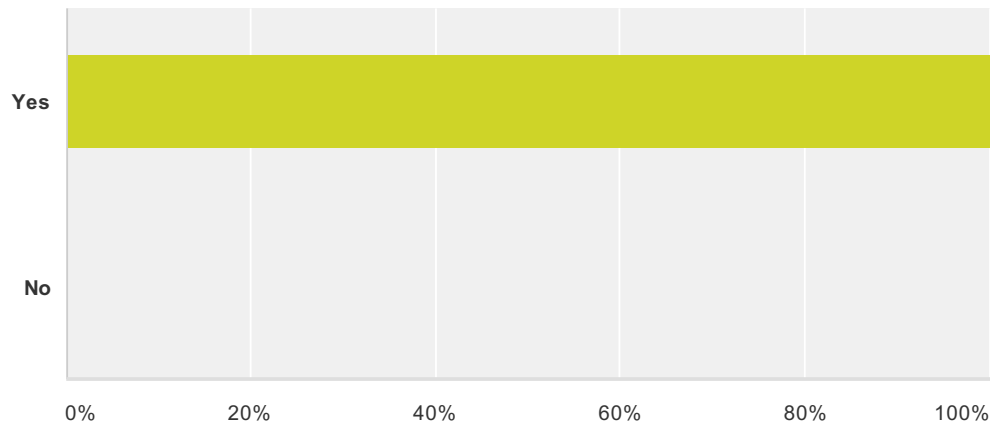
Answered: 16 Skipped: 0



Answer Choices	Responses	
Yes	12.50%	2
No	87.50%	14
Total		16

Q15 Can you provide the average cost to produce a record?

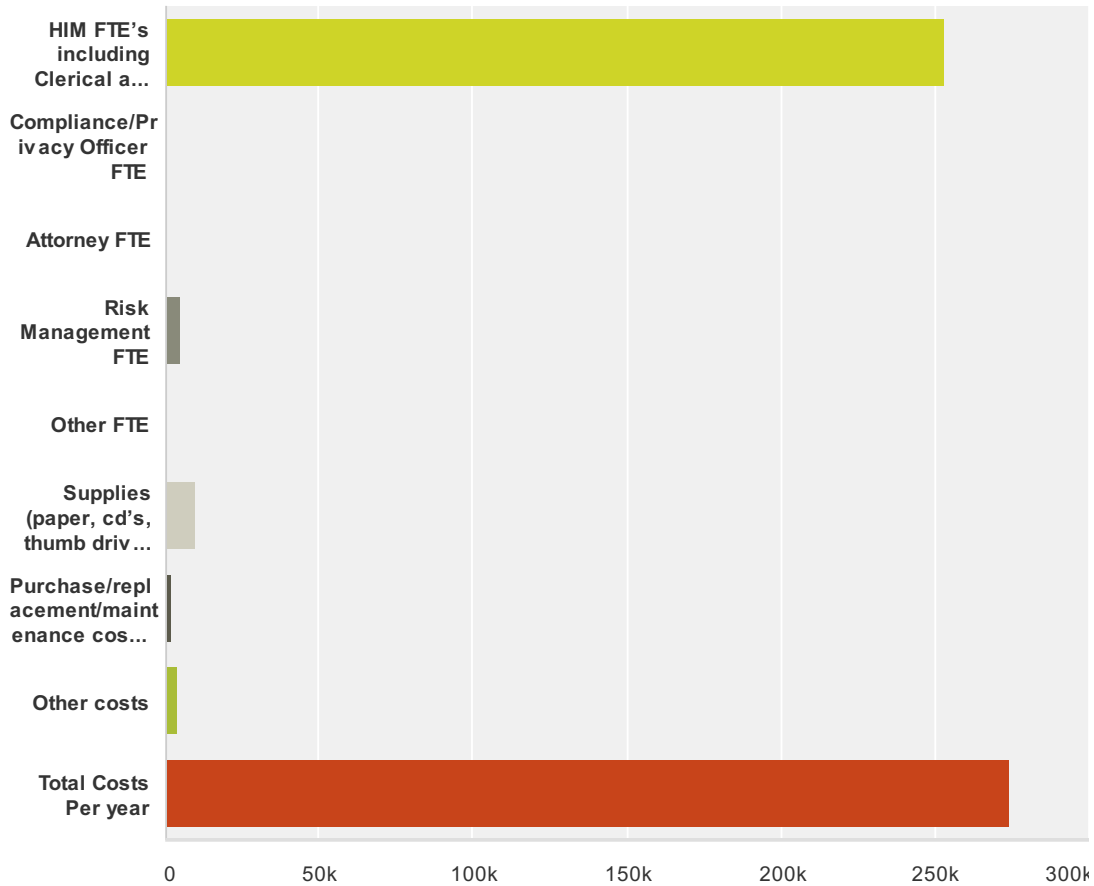
Answered: 2 Skipped: 14



Answer Choices	Responses
Yes	100% 2
No	0% 0
Total	2

Q16 The following is a list of potential expenses, when applicable please give the total time (hours per year) and/or dollars (cost, pay, benefits) for each category.

Answered: 1 Skipped: 15



Answer Choices	Average Number	Total Number	Responses
HIM FTE's including Clerical and Supervisor/Manager	253,006	253,006	1
Compliance/Privacy Officer FTE	0	0	0
Attorney FTE	0	0	0
Risk Management FTE	5,000	5,000	1
Other FTE	0	0	0
Supplies (paper, cd's, thumb drives, ink,etc.)	10,000	10,000	1
Purchase/replacement/maintenance costs for copiers/microfiche	2,000	2,000	1
Other costs	3,600	3,600	1
Total Costs Per year	273,606	273,606	1
Total Respondents: 1			

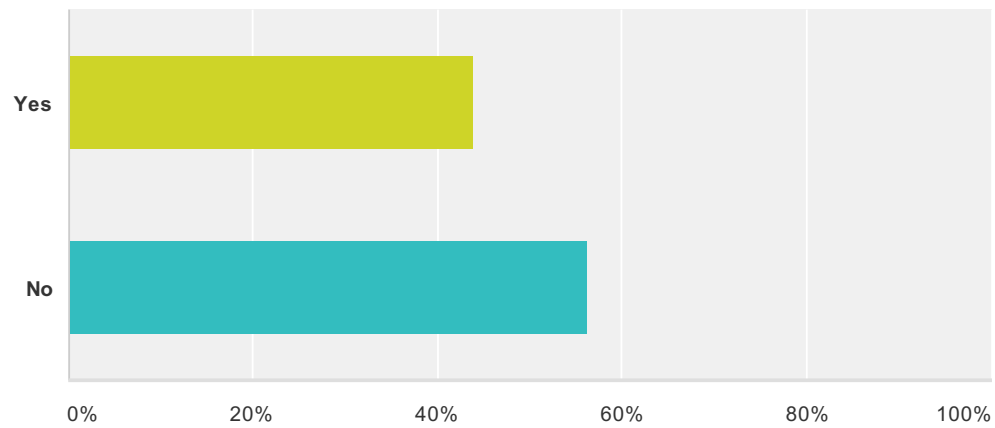
#	HIM FTE's including Clerical and Supervisor/Manager	Date
1	253006	10/16/2013 11:18 AM

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#	Compliance/Privacy Officer FTE	Date
	There are no responses.	
#	Attorney FTE	Date
	There are no responses.	
#	Risk Management FTE	Date
1	5000	10/16/2013 11:18 AM
#	Other FTE	Date
	There are no responses.	
#	Supplies (paper, cd's, thumb drives, ink,etc.)	Date
1	10000	10/16/2013 11:18 AM
#	Purchase/replacement/maintenance costs for copiers/microfiche	Date
1	2000	10/16/2013 11:18 AM
#	Other costs	Date
1	3600	10/16/2013 11:18 AM
#	Total Costs Per year	Date
1	273606	10/16/2013 11:18 AM

Q17 Do you contract with an external vendor for any part of processing a request?

Answered: 16 Skipped: 0

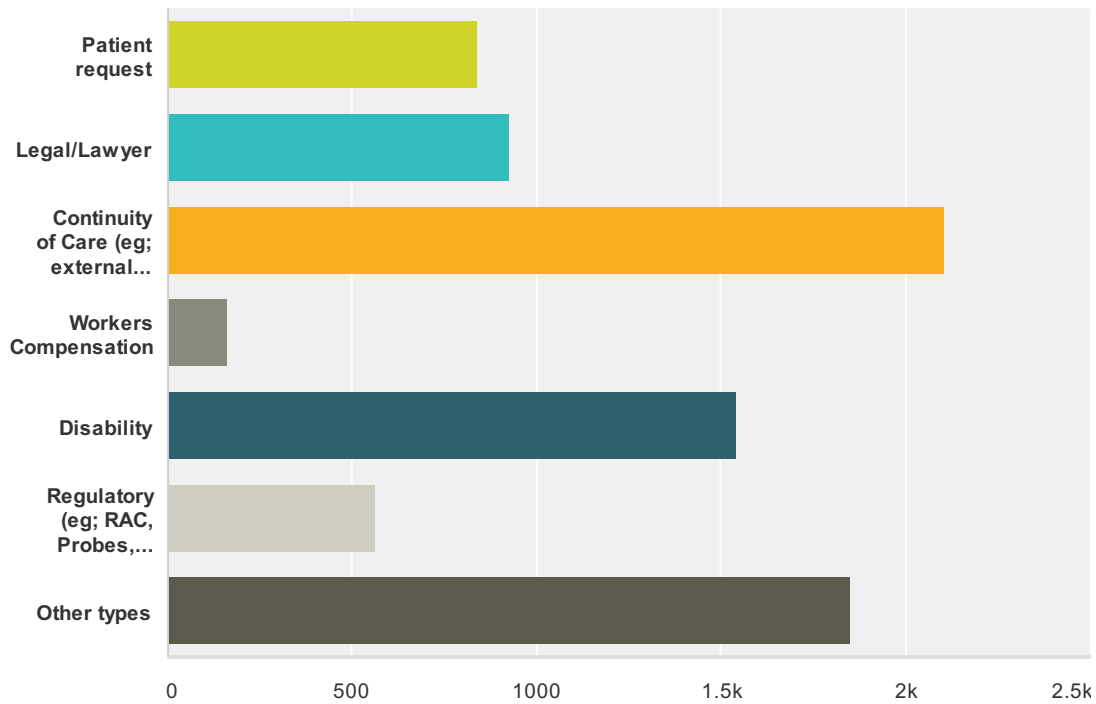


Answer Choices	Responses	
Yes	43.75%	7
No	56.25%	9
Total		16

#	If yes, please explain their function and the benefits of using a vendor service.	Date
1	Vendor is Healthport. Handles release of information to all requestors except patients and worker's comp. The benefit is that it saves time for the HIM staff and there is minimal charge to the hospital.	10/31/2013 12:48 PM
2	Saves time for staff, as well as postage. Will be terminated once all records are electronic and we will transmit.	10/22/2013 4:08 PM
3	We use HealthPort to process all non-urgent requests. They are here 4 days a week and complete all insurance, disability, legal and patient requests. The benefits are: time saved by HIM staff and front office staff, less resources used (paper, toner, etc), and its budget neutral except for postage that is above and beyond the normal.	10/18/2013 1:59 PM
4	For Hospital Records the vendor is sent an electronic file that they then print, mail, and collect the appropriate fee. For the Professional Records the vendor is on-site to pull the records, and complete the entire release process (separate agreement within contract for Medical Group)	10/16/2013 11:18 AM
5	Copies all legal requests, Disability, Workers Comp, and regulatory requests	10/15/2013 10:48 AM
6	For some of our release processing	10/7/2013 6:06 PM
7	We use Healthport to process for lawyers and some insurance companies	10/2/2013 7:21 AM

Q18 For the following categories, please provide the volume of requests annually.

Answered: 7 Skipped: 9



Answer Choices	Average Number	Total Number	Responses
Patient request	839	5,874	7
Legal/Lawyer	925	6,477	7
Continuity of Care (eg; external hospital/provider, excludes internal record retrieval for patient care)	2,100	14,701	7
Workers Compensation	162	1,134	7
Disability	1,539	10,774	7
Regulatory (eg; RAC, Probes, Certs, MICS, ZPICs, other)	565	3,955	7
Other types	1,845	11,067	6
Total Respondents: 7			

#	Patient request	Date
1	1113	10/28/2013 3:10 PM
2	360	10/22/2013 2:20 PM
3	184	10/18/2013 3:04 PM
4	2272	10/16/2013 11:19 AM
5	25	10/15/2013 3:00 PM
6	20	10/7/2013 6:14 PM
7	1900	10/1/2013 2:38 PM
#	Legal/Lawyer	Date

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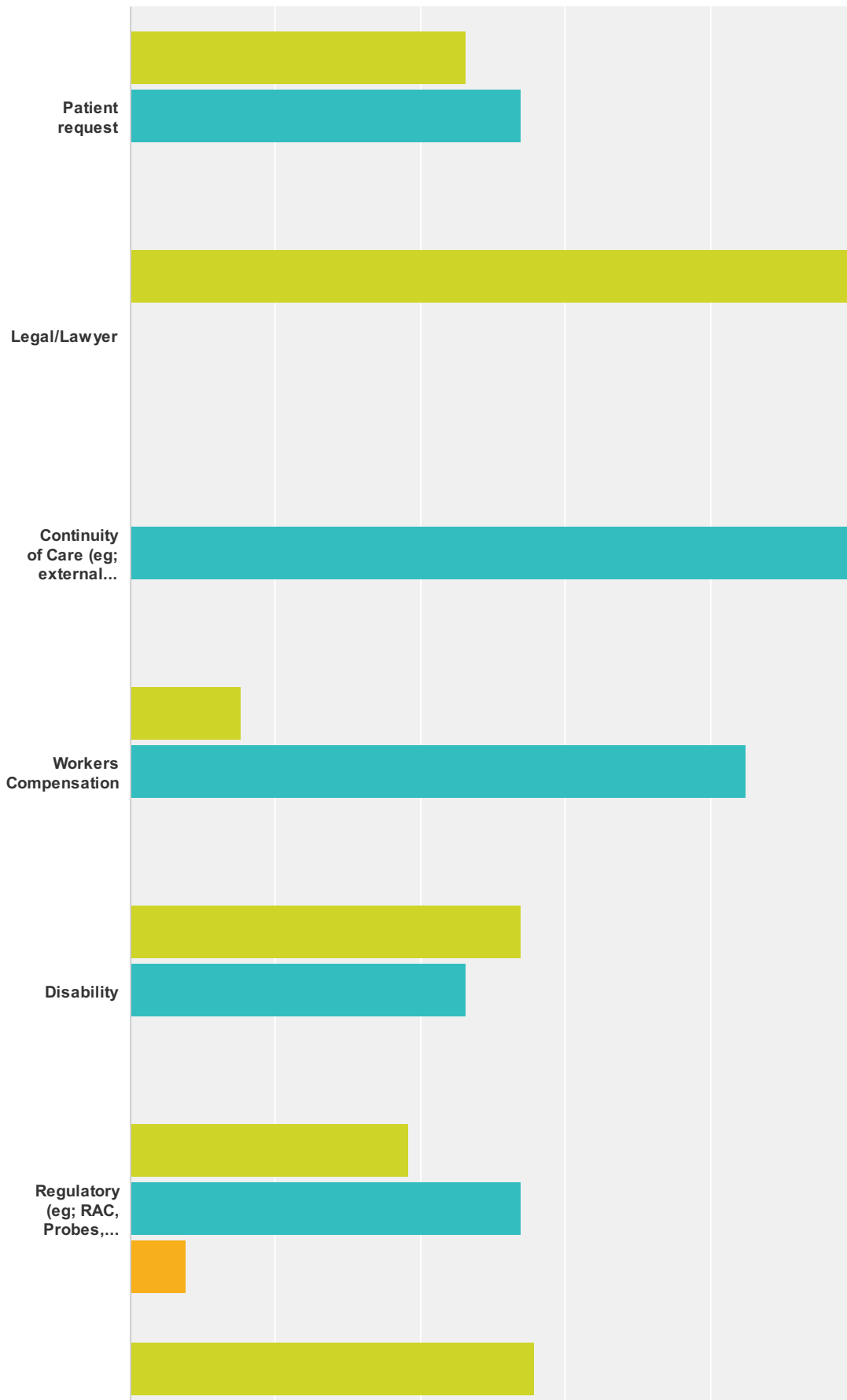
1	890	10/28/2013 3:10 PM
2	240	10/22/2013 2:20 PM
3	300	10/18/2013 3:04 PM
4	4367	10/16/2013 11:19 AM
5	60	10/15/2013 3:00 PM
6	20	10/7/2013 6:14 PM
7	600	10/1/2013 2:38 PM
#	Continuity of Care (eg; external hospital/provider, excludes internal record retrieval for patient care)	Date
1	3843	10/28/2013 3:10 PM
2	3000	10/22/2013 2:20 PM
3	1008	10/18/2013 3:04 PM
4	2940	10/16/2013 11:19 AM
5	700	10/15/2013 3:00 PM
6	10	10/7/2013 6:14 PM
7	3200	10/1/2013 2:38 PM
#	Workers Compensation	Date
1	290	10/28/2013 3:10 PM
2	180	10/22/2013 2:20 PM
3	52	10/18/2013 3:04 PM
4	412	10/16/2013 11:19 AM
5	30	10/15/2013 3:00 PM
6	20	10/7/2013 6:14 PM
7	150	10/1/2013 2:38 PM
#	Disability	Date
1	1985	10/28/2013 3:10 PM
2	492	10/22/2013 2:20 PM
3	360	10/18/2013 3:04 PM
4	7377	10/16/2013 11:19 AM
5	50	10/15/2013 3:00 PM
6	10	10/7/2013 6:14 PM
7	500	10/1/2013 2:38 PM
#	Regulatory (eg; RAC, Probes, Certs, MICS, ZPICs, other)	Date
1	811	10/28/2013 3:10 PM
2	335	10/22/2013 2:20 PM
3	224	10/18/2013 3:04 PM
4	2080	10/16/2013 11:19 AM
5	500	10/15/2013 3:00 PM
6	5	10/7/2013 6:14 PM
7	0	10/1/2013 2:38 PM
#	Other types	Date
1	2975	10/28/2013 3:10 PM

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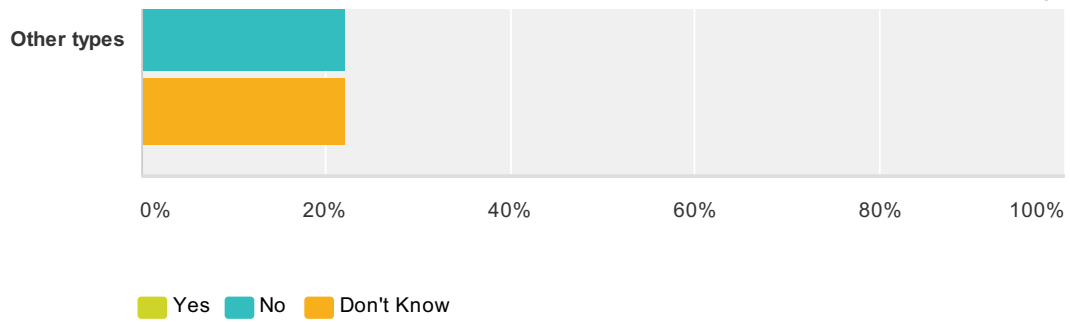
2	120	10/22/2013 2:20 PM
3	388	10/18/2013 3:04 PM
4	7339	10/16/2013 11:19 AM
5	15	10/7/2013 6:14 PM
6	230	10/1/2013 2:38 PM

Q19 For the each category, please indicate if a fee is charged for records requests:

Answered: 13 Skipped: 3



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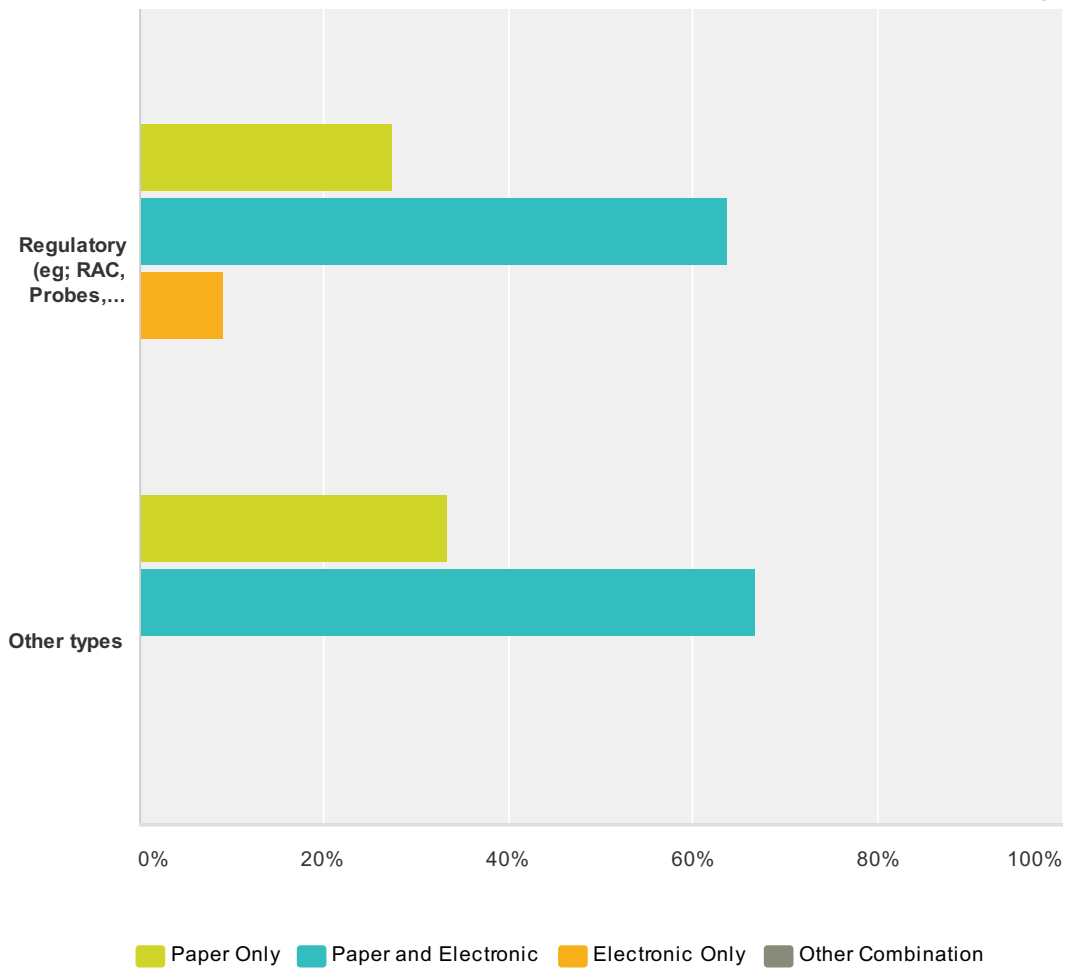
	Yes	No	Don't Know	Total
Patient request	46.15% 6	53.85% 7	0% 0	13
Legal/Lawyer	100% 13	0% 0	0% 0	13
Continuity of Care (eg; external hospital/provider, excludes internal record retrieval for patient care)	0% 0	100% 13	0% 0	13
Workers Compensation	15.38% 2	84.62% 11	0% 0	13
Disability	53.85% 7	46.15% 6	0% 0	13
Regulatory (eg; RAC, Probes, Certs, MICS, ZPICs, other)	38.46% 5	53.85% 7	7.69% 1	13
Other types	55.56% 5	22.22% 2	22.22% 2	9

Q20 For the each category, please indicate which types of records requests apply:

Answered: 11 Skipped: 5



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	Paper Only	Paper and Electronic	Electronic Only	Other Combination	Total
Patient request	36.36% 4	63.64% 7	0% 0	0% 0	11
Legal/Lawyer	45.45% 5	54.55% 6	0% 0	0% 0	11
Continuity of Care (eg; external hospital/provider, excludes internal record retrieval for patient care)	27.27% 3	72.73% 8	0% 0	0% 0	11
Workers Compensation	45.45% 5	54.55% 6	0% 0	0% 0	11
Disability	45.45% 5	54.55% 6	0% 0	0% 0	11
Regulatory (eg; RAC, Probes, Certs, MICS, ZPICs, other)	27.27% 3	63.64% 7	9.09% 1	0% 0	11
Other types	33.33% 3	66.67% 6	0% 0	0% 0	9

#	Other Combination (please specify)	Date
1	Respondent also answered yes to Electronic Only on all categories but also qualified that it depends upon the electronic system or service - some are entirely electronic while others are not.	10/28/2013 3:10 PM
2	Provided a Meditech printout that included the following categories, not specified by type of record paper/electronic, etc.: Disability, insurance, legal, medical facility, medical office, miscellaneous, other, patient, physician, social security, dept of veterans affairs, workman's comp, audits, military.	10/22/2013 3:10 PM

Release of Information Practices for Vermont Hospital Health Information Management

3	<p>Please note, that records created after implementation of EHR are primarily available electronically, while any records prior to 2009 are still maintained in paper format. Therefore depending upon the dates of service(s) requested, records may be generated from the EHR only, paper only, or a combination thereof. Also note, the following are the chargeable rates by type of request - patient/lawyer per state law 1-10 pages \$5.00 or .50 cents per page. Workers' comp is no charge. Disability pays a flat rate of 20.00. Regulatory such as RAC pay 0.25 per page up to \$25.00 limit. Of those volumes noted above that are billable, there are cases where charges are not applied. Percent of billable are as followed. patient requests 97%, legal, 80%, regulatory 60%, other types, 50%. The Other category for FAHC includes insurance requests, government agencies not otherwise listed, vocational rehab, police, crime victims advocacy, social services, school systems, Lund home, etc... Additionally, we received approximately 50-60 fax requests daily for internal or external patient care requests that we complete immediately. The daily productivity of 4 requests per day does not include these fax requests. Please note that the Total of 26,787 record requests by type in question 18 does not include an additional 12,401 annual Clinic or provider office requests of which only 7686 are billable and the remaining 4715 are not billable. These could not be broken down by type as noted in question 16 above, due to limitations with our reporting systems.</p>	10/16/2013 11:19 AM
4	<p>VOLUMES ARE IN PERCENTAGES.....Could not enter as such. Our volumes also have a direct relation to season/weather . I would also like to point out how much the volumes have increased in direct relation to the additional auditing bodies and ADRs - key component of our ROI processing</p>	10/7/2013 6:14 PM

Q21 What is your expected productivity rate per ROI specialist or FTE?

Answered: 11 Skipped: 5

#	Responses	Date
1	22 releases per day. These FTE's also have other responsibilities such as processing birth certificates, etc.	10/28/2013 3:11 PM
2	15 per day - team effort, includes logging and scanning into historical accounts.	10/22/2013 4:13 PM
3	Comment indicated that 30 hours per week were spent on ROI requests/releases.	10/22/2013 3:24 PM
4	Due to varied requests, we track productivity rate as a group.	10/22/2013 2:42 PM
5	We dont have productivity rates	10/22/2013 2:20 PM
6	To complete requests within 10 business days; immediate for continued care.	10/18/2013 3:04 PM
7	My internal ROI specialist does multiple things so a productivity rate has not been established. HealthPort has their own but our requests are done in a very timely manner.	10/18/2013 2:04 PM
8	Four per hour (excludes fax requests)	10/16/2013 11:19 AM
9	Do not have a productivity rate but expect to have a requested completed within 10 business days	10/15/2013 1:16 PM
10	we do not have a set standard	10/7/2013 6:14 PM
11	18 releases per 8 hour day	10/1/2013 2:41 PM

Q22 What is your expected Turn-around Time from receipt of request to distribution?

Answered: 14 Skipped: 2

#	Responses	Date
1	Workers comp is within 3 days of receipt. (no response in regard to patient or continuum of care or those records processed by Healthport.)	10/31/2013 12:57 PM
2	between 1 and 10 business days	10/28/2013 3:11 PM
3	14	10/23/2013 10:10 AM
4	5 to 7 days, except daily requests from other facilities' ER, patient follow up visits, which are faxed immediately.	10/22/2013 4:13 PM
5	Generally within 24 hours.	10/22/2013 3:24 PM
6	Expected TAT is 10 days or less	10/22/2013 2:42 PM
7	Most of the time within a week	10/22/2013 2:20 PM
8	To complete requests within 10 business days; immediate TAT for continued care.	10/18/2013 3:04 PM
9	Depends on the request. Patients are done within 48 hours. Others are completed within a week.	10/18/2013 2:04 PM
10	The general performance indicator currently is seven (7) days. Certain portions of records shall be available to patients upon request per meaningful use criteria within 3 business days of request.	10/16/2013 11:19 AM
11	within 30 days of request	10/15/2013 3:04 PM
12	Ten business days	10/15/2013 1:16 PM
13	7-10 days unless there are specific issues	10/7/2013 6:14 PM
14	10 business days	10/1/2013 2:41 PM

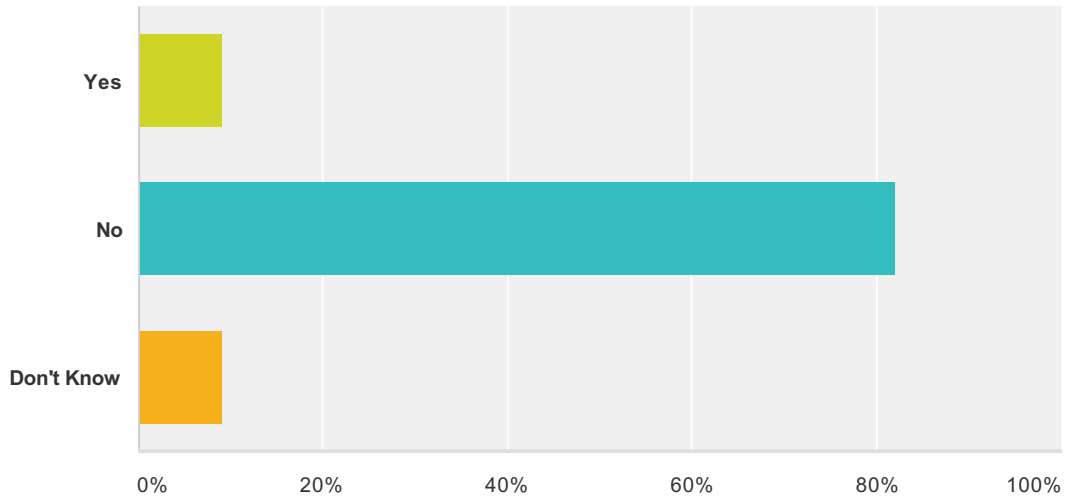
Q23 What is your chosen method to distribute records in electronic format?

Answered: 14 Skipped: 2

#	Responses	Date
1	No records have been requested in electronic format.	10/31/2013 12:57 PM
2	CD	10/28/2013 3:11 PM
3	CD	10/23/2013 10:10 AM
4	USB Flrash drive.	10/22/2013 4:13 PM
5	Do not distribute in electronic format	10/22/2013 3:24 PM
6	CD/DVD	10/22/2013 2:42 PM
7	disk	10/22/2013 2:20 PM
8	N/A	10/18/2013 3:04 PM
9	We are offering both CDs and now (VERY newly) offering email.	10/18/2013 2:04 PM
10	If requested by patient, will send a CD. Or, they can sign up for MyHealth On-line to view liited portions of their record for no cost.	10/16/2013 11:19 AM
11	Email for FAHC, continuity of care since we have a secure network established with them.	10/15/2013 3:04 PM
12	Will provide thumb drive upon patient request Also able to send via e-mail with encryption	10/15/2013 1:16 PM
13	pdf to disc	10/7/2013 6:14 PM
14	CD	10/1/2013 2:41 PM

Q24 Do you charge an additional fee for copies distributed in electronic format?

Answered: 11 Skipped: 5

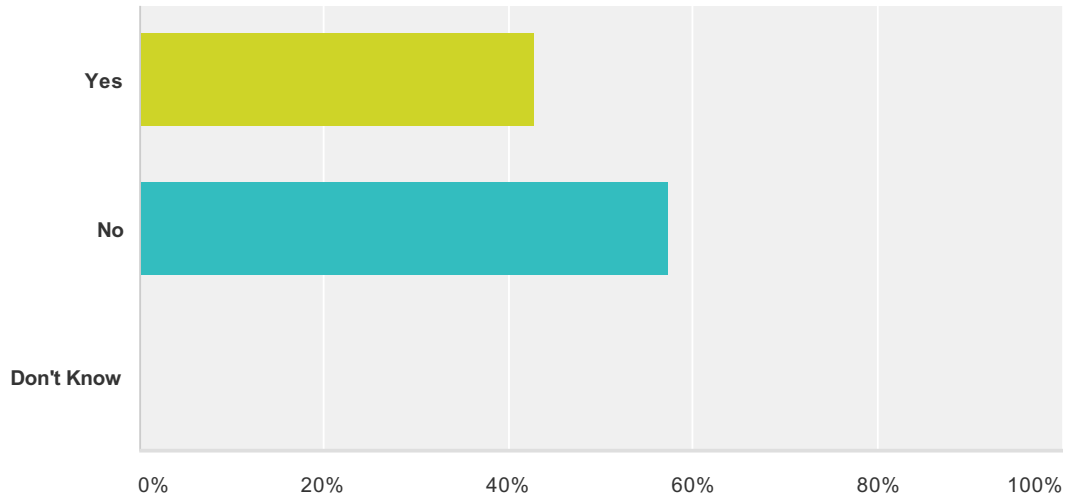


Answer Choices	Responses
Yes	9.09% 1
No	81.82% 9
Don't Know	9.09% 1
Total	11

#	If yes, how much do you charge?	Date
1	N/A	10/31/2013 12:57 PM
2	\$20.00. this applies only to releasing imaging (DI), all others would be per page fee.	10/28/2013 3:11 PM
3	Not now, but will re-evaluate	10/22/2013 4:13 PM
4	N/A (now)	10/22/2013 3:24 PM
5	N/A	10/18/2013 3:04 PM
6	Haven't determined the charges for this yet.	10/18/2013 2:04 PM
7	however, we are looking into that	10/7/2013 6:14 PM

Q25 In your opinion, has the use of electronic medical records made it easier to process and respond to a request for information?

Answered: 14 Skipped: 2



Answer Choices	Responses	Count
Yes	42.86%	6
No	57.14%	8
Don't Know	0%	0
Total		14

#	Please explain your answer:	Date
1	Don't have to stand at a copier copying multiple pages, can print directly from computer.	10/31/2013 12:57 PM
2	The only benefit is that the ROI Analyst does not have to walk to the file room to access records in all cases. More time is spent scanning records than releasing. Also each scanned image, or dictation or template functions like its own document so you have to print each individually. There are many systems to go into to get the entire records. If you want to put it on disc you name each image.	10/28/2013 3:11 PM
3	No, We still have paper records in three different systems to research and print from for record requests.	10/22/2013 4:13 PM
4	Very difficult to compile a complete record, different systems housing different reports - future date for all records to be housed in one system March 2014.	10/22/2013 3:24 PM
5	The EMR has made logging, reviewing and tracking ROI requests easier.	10/22/2013 2:42 PM
6	No, it is a challenge to compile a record. You have to go to many different systems and retrieve the documents electronically. This is also a challenge because we dont always know all the places it can be stored.	10/22/2013 2:20 PM
7	It takes longer to check all systems to ensure medical record is complete.	10/18/2013 3:04 PM
8	There are more places to obtain records from and getting them all into one electronic file takes extra work.	10/18/2013 2:04 PM
9	There is a greater complexity to identifying elements of patient information relevant to the request. The EHR does allow standard content "reports", but one size does not fit all requests. Additionally, if the request spans back in time to pre-EHR, the paper record is still retrieved, reviewed, elements copied and incorporated to the entire request.	10/16/2013 11:19 AM
10	I am able to gather the information quicker.	10/15/2013 3:04 PM

Release of Information Practices for Vermont Hospital Health Information Management

11	Right now we are still working in a hybrid system and more work	10/15/2013 1:16 PM
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Q26 Please use the following space to add any additional information that you think is relevant in regard to processing requests for information and any potential proposals to modify the existing state statute on charging for copies of medical records. Current rate is a flat fee of \$5.00 and no more than \$.050 per page, whichever is greater. Does your organization have additional parameters as part of its fee structure (Mins. Or Max. charges)?

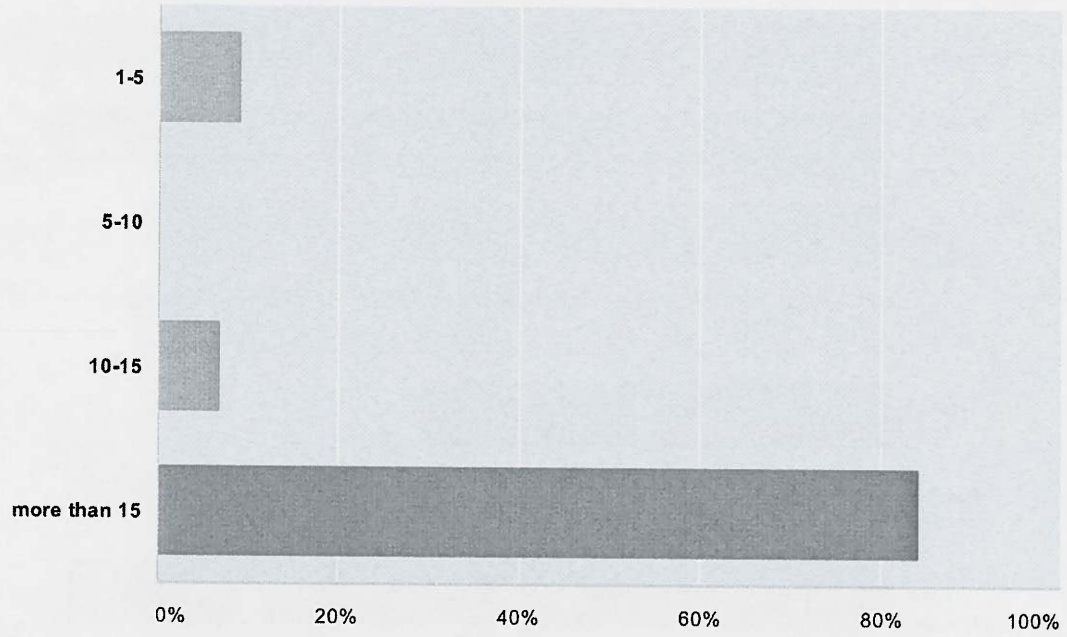
Answered: 11 Skipped: 5

#	Responses	Date
1	In the past 12 months, we've only brought in \$47,600 for releasing records which does not cover the cost of the 2.5 FTE's who release records. We have never asked for payment from other health care providers, or police, or patients, offices, but the price to staff and release records has pushed us to begin charging patients in 2013. The EMR's in use are not always sophisticated systems, and to go into each system and copy the image onto a disk takes longer than to print that record. Few systems interface completely and many of the ones that CVMC uses does not have a "print all" button to give you the complete record in one step. Please note, the respondent indicated that the total costs per year for ROI was \$242,780 (estimate about 90% accuracy on this estimation.)	10/28/2013 3:11 PM
2	No	10/23/2013 10:10 AM
3	NVRH indicated currently charge \$12.00 hour for labor, .04 per page, and postage if records are mailed.	10/22/2013 3:24 PM
4	Question Re: electronic transmission, only by Auto Fax.	10/22/2013 2:42 PM
5	It takes time to compile a record, we face challenges with a hybrid record. Its time consuming to look in many different places for the information. The electronic record also prints many more pieces of paper. What was once 5 or 10 pages is now 50 or 60 pages. It gets bad when we are pressed for time. We get requests by phone, fax, email and walk in and internally. We have variables that include off site records, volume charts out of area, non billable releases. We don't scan our records making it harder to pull. Records are also in various locations like quality, on the floors- they don't just stay in the department.	10/22/2013 2:20 PM
6	Current rates help to offset materials used to produce charts to fill requests, but not the labor nor postage for final product.	10/18/2013 3:04 PM
7	We do not charge for 5 pages or less.	10/18/2013 2:04 PM
8	In regard to question 16, the HIM related costs excluding service fees for external vendor, (excludes any % of cost associated with EHR system maintenance, labor, upgrades, etc. Additionally, some costs, such as printer/maintenance are rolled into an organizational contract not easily discernable to equipment just in the HIM ROI area. We have a total of 1 Supervisor, 2 Senior Analysts, and 8 Analysts in the department. Supervisor direct reports to the Director. Our contracted vendor retain 50% of the total billables. Additional charges for software to maintain Audapros (RAC tracking via same vendor) is also paid out of the paid charges. FAHC does receive monthly revenue of remaining paid chargeables. From July 1 2012 to June 30, 2013, we received \$97,578.00.	10/16/2013 11:19 AM
9	No, we use the state statute. I do think if we placed POA on a CD or other portable media, we should be able to charge the cost of that device.	10/15/2013 3:04 PM
10	No, comply with VT Law	10/15/2013 1:16 PM
11	First 100 pages free. \$.15 a page after.	10/1/2013 2:41 PM

Copying Costs for Medical Records in Electronic Format

Q1 How many times a year do you send out requests for medical records?

Answered: 44 Skipped: 0

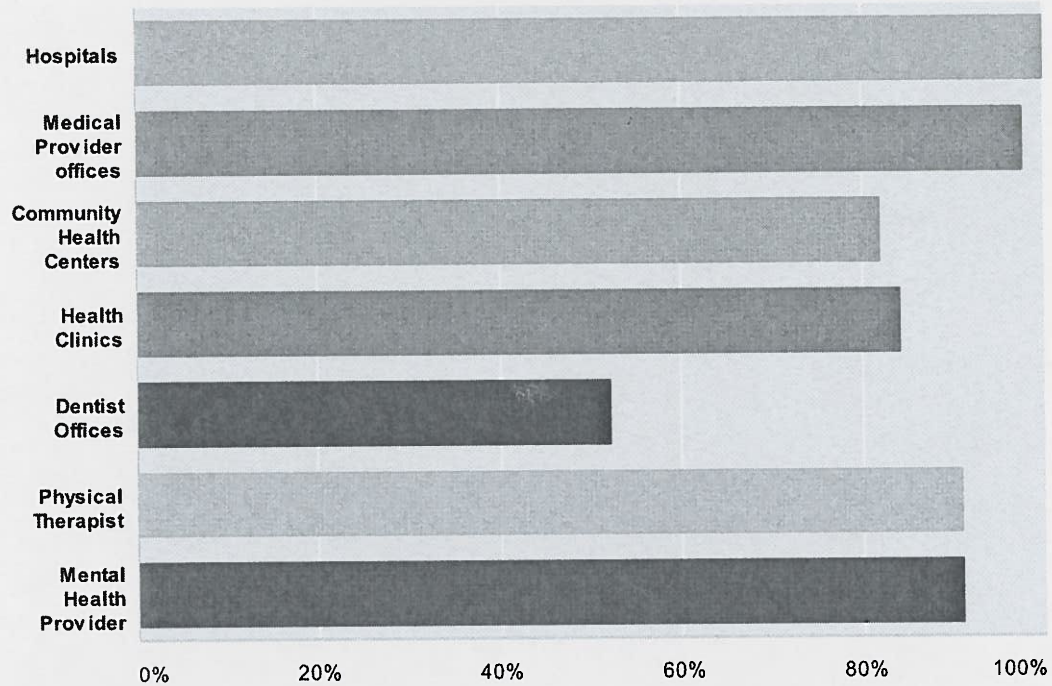


Answer Choices	Responses	
1-5	9.09%	4
5-10	0%	0
10-15	6.82%	3
more than 15	84.09%	37
Total Respondents: 44		

Copying Costs for Medical Records in Electronic Format

Q2 To whom do you send medical records requests to?

Answered: 44 Skipped: 0

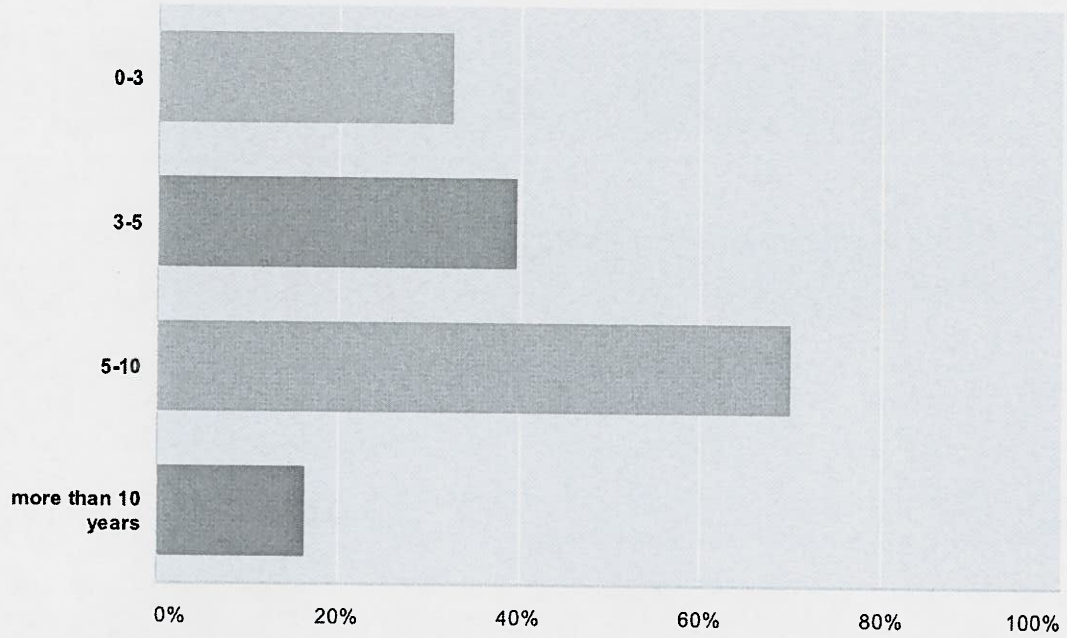


Answer Choices	Responses	Count
Hospitals	100%	44
Medical Provider offices	97.73%	43
Community Health Centers	81.82%	36
Health Clinics	84.09%	37
Dentist Offices	52.27%	23
Physical Therapist	90.91%	40
Mental Health Provider	90.91%	40
Total Respondents: 44		

Copying Costs for Medical Records in Electronic Format

Q3 For how many years do you request medical records?

Answered: 43 Skipped: 1

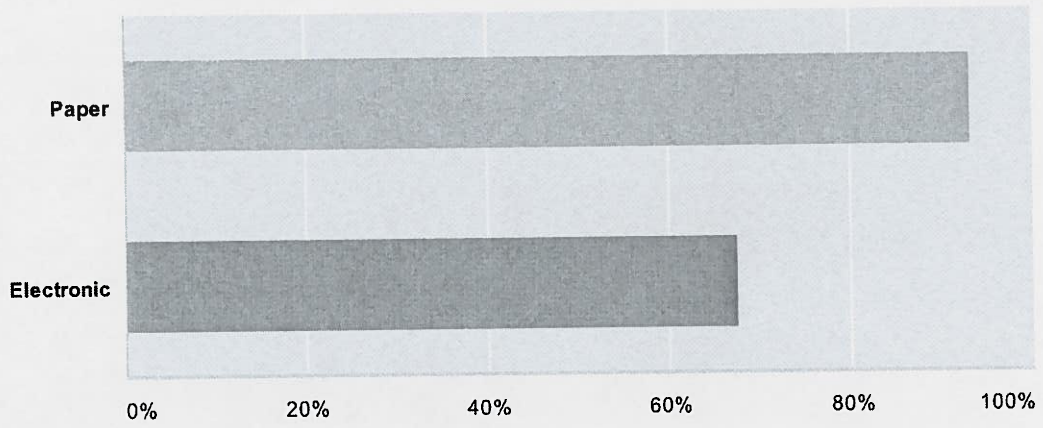


Answer Choices	Responses	
0-3	32.56%	14
3-5	39.53%	17
5-10	69.77%	30
more than 10 years	16.28%	7
Total Respondents: 43		

Copying Costs for Medical Records in Electronic Format

Q4 Do you request records in paper or electronic form?

Answered: 43 Skipped: 1

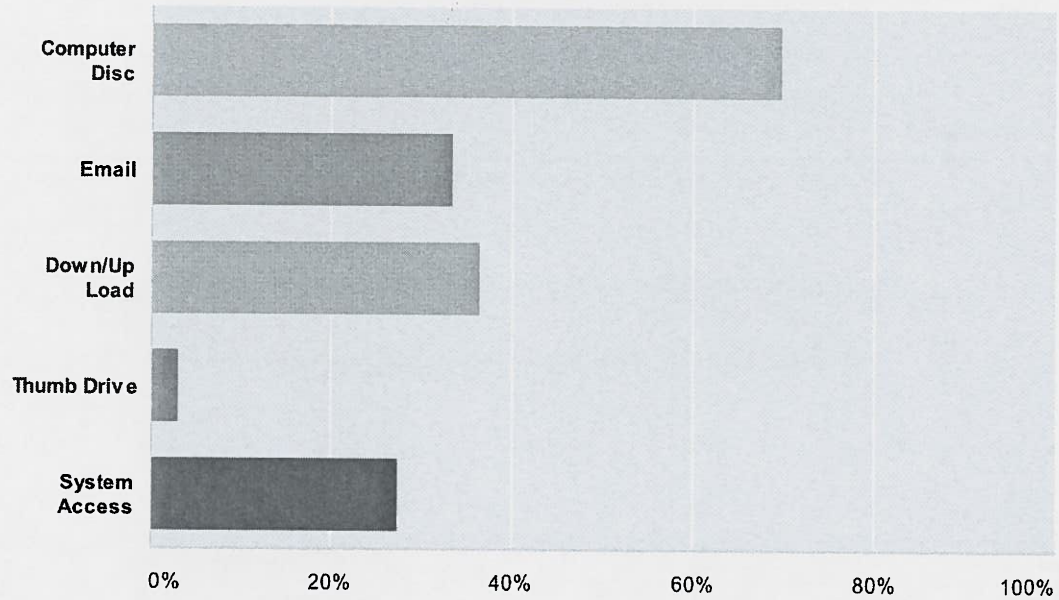


Answer Choices	Responses	
Paper	93.02%	40
Electronic	67.44%	29
Total Respondents: 43		

Copying Costs for Medical Records in Electronic Format

Q5 If you request records in electronic form how are those records received?

Answered: 33 Skipped: 11

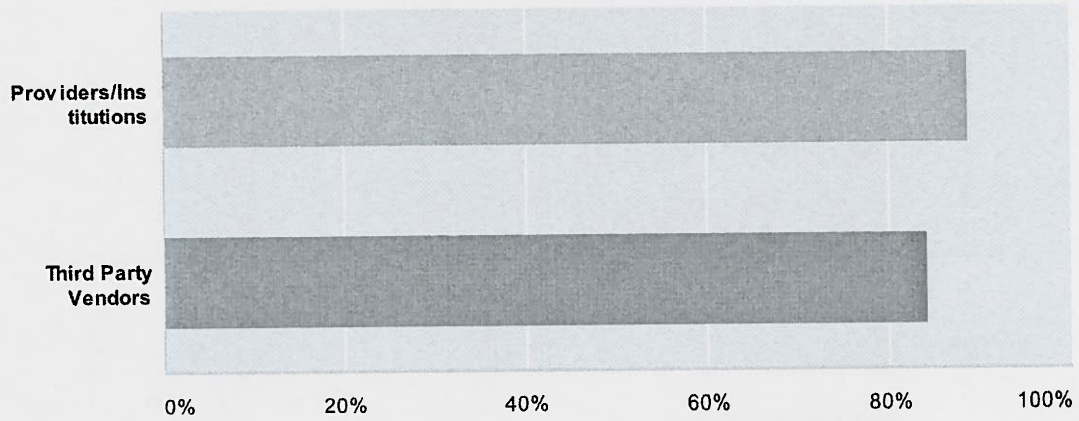


Answer Choices	Responses	
Computer Disc	69.70%	23
Email	33.33%	11
Down/Up Load	36.36%	12
Thumb Drive	3.03%	1
System Access	27.27%	9
Total Respondents: 33		

Copying Costs for Medical Records in Electronic Format

Q6 Do you receive medical records directly from providers/institutions or third party vendors?

Answered: 44 Skipped: 0

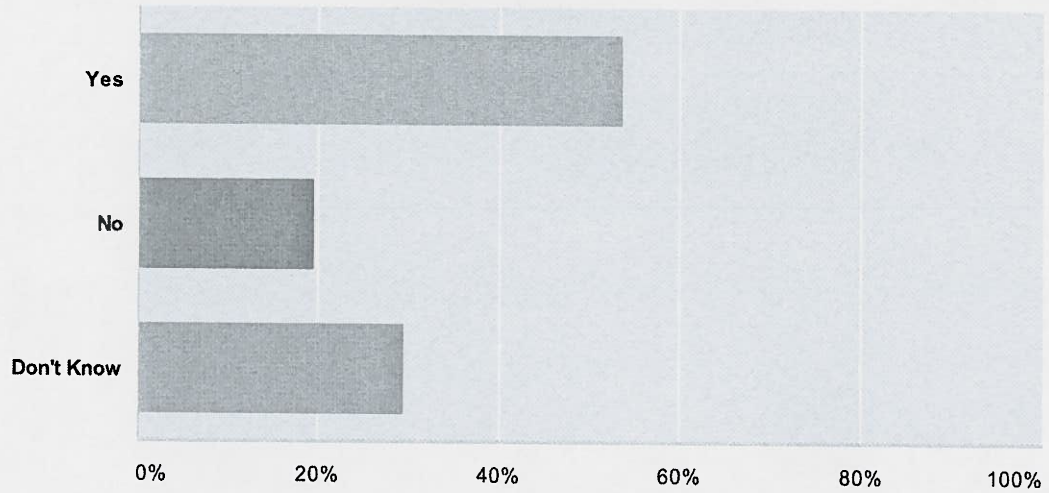


Answer Choices	Responses	
Providers/Institutions	88.64%	39
Third Party Vendors	84.09%	37
Total Respondents: 44		

Copying Costs for Medical Records in Electronic Format

Q7 When you receive records in electronic form are you charged per page in accordance with Vermont's copying statute?

Answered: 41 Skipped: 3

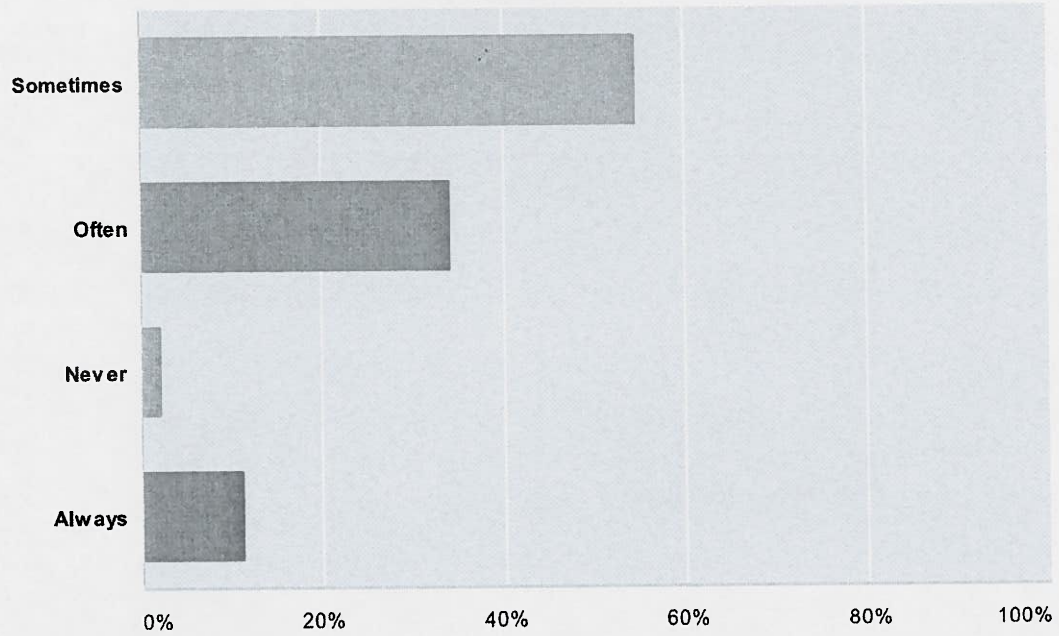


Answer Choices	Responses
Yes	53.66% 22
No	19.51% 8
Don't Know	29.27% 12
Total Respondents: 41	

Copying Costs for Medical Records in Electronic Format

Q8 When you receive medical records do you receive duplicate pages?

Answered: 44 Skipped: 0

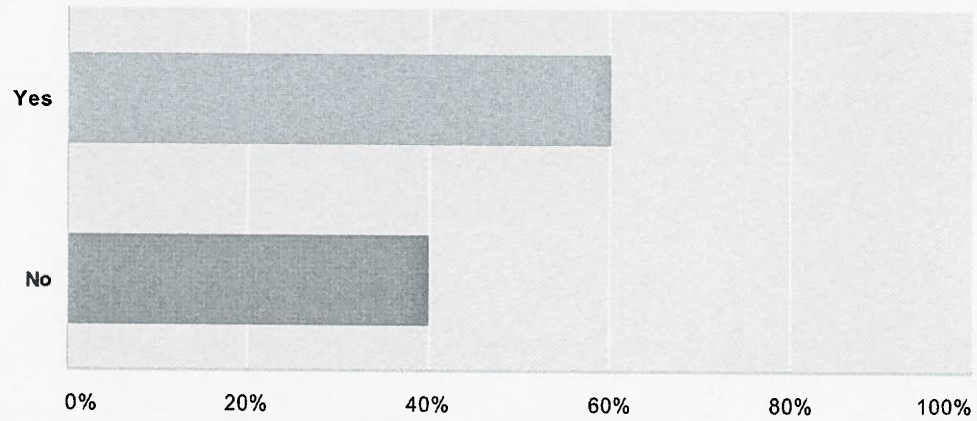


Answer Choices	Responses	
Sometimes	54.55%	24
Often	34.09%	15
Never	2.27%	1
Always	11.36%	5
Total Respondents: 44		

Copying Costs for Medical Records in Electronic Format

Q9 Since the medical providers have implemented Electronic Medical Records (EMR) have you seen an increase of records with duplicate pages?

Answered: 35 Skipped: 9



Answer Choices	Responses	
Yes	60%	21
No	40%	14
Total Respondents: 35		