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Institutional Policy

Policy Name Required Ten Year

Minimum Retention for Certain Records Identified

by CMS

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Policy Version 2

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Policy Contact Compliance Office
Originating Administration,
Department(s) Compliance Office

Category/Categories Not Set

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ABOUT THIS DOCUMENT

Purpose

Centers for Medicare and Medicaid Services (CMS) have issued compliance program requirements for Medicare Advantage Organizations and Medicare Prescription Drug Plans. National Jewish Health contracts with a number of Medicare Advantage Organizations that impose these same requirements on National Jewish Health (NJH) as a First Tier Entity providing administrative services, e.g. credentialing, and/or providing health care services to eligible beneficiaries.

Scope

All NJH workforce members including officers, managers, faculty, affiliates, volunteers and others working at or on behalf of NJH, whether or not they are paid by NJH.

Definitions

Affected Records – means the following categories of records:

- A. Disciplinary records for all compliance violation disciplinary actions including the date the violation was reported, a description of the violation, date of investigation, summary of findings, disciplinary action taken and the date it was taken;
- B. Training records including the time, attendance, topic, completion documentation and test scores of any tests administered to employees for the required Fraud, Waste and Abuse training and General Compliance training;
- C. Provider complaint records concerning providers who have been the subject of complaints, investigations, violations and prosecutions. This includes patient complaints, NBI MEDIC investigations, OIG and/or DOJ investigations, US Attorney prosecution, and any other civil, criminal or administrative action for violations of Federal health care program requirements. Specific documents for retention include copies of complaints resulting in investigation and results of investigations;

- D. Records of NJH functions that relate to, provide a basis for or occur in connection with Medicare Advantage and Prescription Drug Plan contracts including invoices, vouchers, receipts or other fiscal and accounting data. The following examples of functions are listed in the regulation:
 - a. Sales and Marketing
 - b. Utilization management
 - c. Quality Improvement
 - d. Applications processing
 - e. Enrollment, disenrollment, membership functions
 - f. Claims administration, processing and coverage adjudication
 - g. Appeals and grievances
 - h. Licensing and credentialing
 - i. Pharmacy benefit management
 - j. Hotline operations
 - k. Customer service
 - I. Bid preparation
 - m. Outbound enrollment verification
 - n. Provider network management
 - o. Processing of pharmacy claims at the point of sale
 - p. Negotiation with prescription drug manufacturers and others for rebates, discounts or other price concessions on prescription drugs
 - q. Administration and tracking of patients' drug benefits, including TrOOP balance processing
 - r. Coordination with other benefit programs such as Medicaid, state pharmaceutical assistance or other insurance programs
 - s. Entities that generate claims data
 - t. Health care services.

<u>Federal Health Care Program Requirements</u> – means all regulatory requirements applicable to Medicare, Medicaid and/or other Federal Health Care programs including billing and coding, claims submission and Medicare Conditions of Participation.

DOJ - Department of Justice

NBI – MEDIC - National Benefit Integrity Medicare Drug Integrity Contractor.

OIG - Office of Inspector General with the Department of Health and Human Services

<u>TrOOP</u> – means True Out of Pocket Costs and are costs that a beneficiary must incur on Part D covered drugs to reach catastrophic coverage.

CONTENT

Policy

- 1. 10 Year Retention. NJH shall retain all Affected Records for a period of at least ten (10) years.
- 2. <u>Records Retention in Excess of 10 Years When Required</u>. Additional laws may govern the Affected Records. NJH shall also comply with any legal requirements to retain records for such longer periods as are required.

Procedure

#	Step Description	Person Responsible	Supplemental Information
1	Identify categories of records kept of Departmental Activities	Department Director or above	Review includes records retained within the Department or in systems/repositories used by multiple Departments. Record types include those in any
2	Compare categories of records of Departmental Activities with the definition of Affected Records.	Department Director or above	format, digital, electronic, paper, et al.
3	Identify each category of records that does qualify as Affected Records along with the applicable retention format(s) of the category and the location/retention system in which it resides.	Department Director or above	The location to be identified is the primary or official location/repository for the records. If not certain whether a category does or does not qualify as an Affected Record, please contact the Compliance Office for further guidance.
4	Provide information from Step #3 to the Compliance Office in writing.	Department Director or above	·
5	Contact owners/administrators of retention systems/repositories used by multiple departments to ascertain that records within each system/repository will be retained for this 10 year period.	Compliance Office	The Compliance Office may also develop and communicate a list of systems/repositories that have been identified as meeting the 10 year retention period to assist in the upkeep and maintenance of this effort going forward.
6	Maintain Affected Records located within a Department or within the identified systems/repositories for a minimum of 10 years.	Department Director or above with overall responsibility for Affected Records, System or Repository.	

REFERENCES

Document References

NJH Code of Conduct

NJH Policies: False Claims, Fraud, Waste and Abuse, Stark and Anti-Kickback Compliance

Regulatory References

CMS Compliance Program Requirements for Medicare Advantage Organization: Medicare Managed Care Manual, Chapter 21

CMS Compliance Program Requirements for Medicare Prescription Drug Programs: Prescription Drug Benefit Manual, Chapter 9

VERSION CONTROL

Supersedes: v.1 Required Ten Year Minimum Retention for Certain Records Identified by CMS