

**COMMONSPIRIT HEALTH
ACCOUNTABLE CARE ORGANIZATION AND CLINICALLY INTEGRATED NETWORK
ADMINISTRATIVE POLICY**

SUBJECT: MSSP and CIN Record Retention	POLICY NUMBER: Corporate Responsibility PH-003
EFFECTIVE DATE: July 1, 2021	ORIGINAL EFFECTIVE DATE: July 1, 2021
REPLACES: CHI Corporate Responsibility Policy No. 16, Audits and Record Retention	Dignity Health Policy: Clinical Integration – Clinically Integrated Networks and Population Health Record Retention and Destruction

- Accountable Care Organizations (ACO) in the Medicare Shared Savings Program (MSSP)
- Clinically Integrated Networks (CIN)

PURPOSE

The purpose of this policy is to provide a statement of the record retention policy for the CommonSpirit Health Accountable Care Organizations participating in the Medicare Shared Savings Program (MSSP) and Clinically Integrated Networks (CIN).

POLICY

It is the policy of the MSSP and CIN to maintain all books, contracts, records, documents, and other evidence (including data related to Medicare utilization and costs, quality performance measures, shared savings distributions and other financial arrangements related to MSSP and CIN activities) sufficient to enable the audit, evaluation, investigation, and inspection of the MSSP and CIN's compliance with program requirements as required by the Medicare Shared Savings Program Final Rule, or any agreement signed with CMS.

CMS, DHHS, the Comptroller General, the Federal Government or their designees have the right to audit, inspect, investigate and evaluate any books, contracts, records, documents and other evidence of the MSSP and CIN and any MSSP and CIN Related Individual.

A retention and destruction schedule shall be developed for the MSSP and CIN and its patient member records. The destruction method should be of a nature to render the destroyed document unreadable and undecipherable. The destruction schedule and method shall include all media for maintaining records and provide for the possibility that some records may be duplicated on various media.

If a subpoena is received for records, CommonSpirit Health Legal shall issue notice to the affected department(s) with guidance relative to extended retention periods.

AFFECTED AREAS OR DEPARTMENTS

- CommonSpirit Health Accountable Care Organizations participating in the MSSP
- CommonSpirit Health Clinically Integrated Networks

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PROCEDURE OR PROCESS

1. Each MSSP or CIN Participant is responsible for maintaining the records associated with their practice. The MSSP or CIN is responsible for maintaining the records of the MSSP or CIN.
2. MSSP Documentation. All such books, contracts, records, documents and other evidence must be maintained for a period of 10 years from the final date of the agreement period or from the date of completion of any audit, evaluation or inspection, whichever is later, unless:
 - a. CMS determines there is a special need to retain a particular record or group of records for a longer period and notifies the program at least 30 calendar days the normal disposition date; or
 - b. There has been a termination, dispute or allegation of fraud or similar fault against Population Health or a Population Health Related Individual, in which case Population Health must retain records for an additional 6 years from the date of any resulting final resolution of the termination, dispute, or allegation of fraud or similar fault.
3. CIN Documentation. All such books, contracts, records, documents and other evidence must be maintained for a period of 10 years from the final date of the agreement period or from the date of completion of any audit, evaluation or inspection, whichever is later.

MSSP Data Destruction per CMS Data Use Agreement

1. The MSSP, MSSP participants, MSSP providers/Suppliers, and other individuals or entities performing functions or services related to MSSP Activities claims data, and/or any derivative file(s), including those files that directly identify individuals or that directly identify bidding firms and/or such firms' proprietary, confidential or specific bidding information, and those files that can be used in concert with other information to identify individuals, would need to be destroyed by the ACO based on any requests made by CMS, or at the end of the term of the CMS participation agreement.
 - a. The claims data may be retained by the Program until one year after the termination of the participation agreement (Retention Date). The Program shall notify each MSSP Participant, Provider/Supplier, and other individual or entity performing functions or services related to MSSP Activities claims data of any requests made by CMS and at the completion of the participation agreement term.
 - b. The Program agrees to complete and submit to CMS the certificate of destruction as required. The certificate of destruction shall be submitted to CMS within thirty (30) days after the files have been destroyed. This certificate certifies the destruction/discontinued use of all data, including but not limited to CMS Claim and Claims Line Feed Data, at all locations and/or under the control of all individuals with access to the data. This includes any and all

original files, copies made of the files, any derivatives or subsets of the files, and any manipulated files.

- c. All files must be destroyed. The requestor may not retain any copies, derivatives or manipulated files.
- d. This certificate of destruction documentation must be maintained for a period of ten (10) years from the final date of the participant agreement or conclusion of any audit, evaluation, or inspection, whichever is later, unless (i) CMS determines there is a special need to retain a particular record or group of records for a longer period and notifies the Program at least thirty (30) days before the normal disposition date; or (ii) there has been a termination, dispute, or allegation of fraud or similar fault against the Program, its Program participants, its Program providers/suppliers, or other individuals or entities performing functions or services related to Program activities, in which case the Program must retain records for an additional six (6) years from the date of any resulting final resolution of the termination, dispute, or allegation of fraud or similar fault.

DEFINITIONS

Medicare Shared Savings Program (MSSP): Medicare Shared Savings Program, established under section 1899 of the Social Security Act.

MSSP Activities: Activities related to promoting accountability for the quality, cost, and overall care for a population of attributed Medicare fee-for-service Beneficiaries, including managing and coordinating care, encouraging investment in infrastructure and redesigned care processes for high quality and efficient service delivery; or carrying out any other obligation or duty of the ACO under the Medicare Shared Savings Program.

MSSP Participant: An ACO entity identified by a Medicare-enrolled billing TIN through which one or more providers/suppliers bill Medicare. The providers/suppliers must be included on the list of ACO participants that is required under 42 C.F.R. § 425.118.

MSSP Provider/Supplier: An individual or entity that: (1) is a provider or supplier under Medicare regulations; (2) is enrolled in Medicare; (3) bills for items and services furnished to Medicare fee-for-service beneficiaries during the agreement period under a Medicare billing number assigned to the TIN of an ACO participant; and (4) is included on the list of ACO providers/suppliers that is required under 42 C.F.R. §425.118.

MSSP Related Individual: ACO officers, directors, employees, Participant, Provider/Supplier, or any other individual or entity providing functions or services related to ACO Activities.

REFERENCES

- National Association of ACOs (NAACOS) ACO Compliance Program Policies and Procedures Manual - MSSP
- MSSP Data Use Agreement

STATUTORY/REGULATORY AUTHORITIES

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- 42 CFR § 425.31
- MSSP Federal Regulations