




Section: Compliance	Policy Name: Compliance Document Retention	Policy Number: 10.20
Owner: Chief Compliance Officer	Reviewed By: Mila C. Todd	Total Pages: 3
Required By: <input checked="" type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By:  <u>Mila Todd (Jul 31, 2024 15:19 EDT)</u>	Date Approved: Jul 31, 2024
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan _____ <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid	Effective Date: 07/24/2015

Policy: Documents generated pursuant to the Southwest Michigan Behavioral Health (SWMBH) Program Integrity/Compliance Program including, among other documents, meeting minutes, investigatory documentation, authoritative documentation, corrective action plans, and educational materials, shall be maintained by the Chief Compliance Officer or his/her designee according to the guidelines set forth below.

Purpose: The purpose of this policy is to provide requirements for retention, destruction, and privacy issues regarding compliance-related documents.

Scope: SWMBH Program Integrity & Compliance Department

Responsibilities:

The SWMBH Program Integrity & Compliance Department has a responsibility retain compliance related documents in conformity with the standards and guidelines set forth below.

Definitions: None.

Standards and Guidelines:

- A. Retention: All records created in accordance with the operation of the Program Integrity/Compliance program shall be maintained for a minimum of ten (10) years. However, if after that time period there are any ongoing litigation or internal or external investigations including for example, cost report reviews, Office of the Inspector General (“OIG”)



investigations, lawsuits or similar actions, then records relevant to the action shall be retained until the action is concluded. Documents may be retained for longer periods upon the decision of the Chief Compliance Officer.

- B. Method of Retention: To the extent practicable, records shall be maintained for a minimum of ten (10) years in a form to be designated by Southwest Michigan Behavioral Health provided that such format allows for the accurate reproduction of such records. When possible, retention of Program Integrity/Compliance documents will be in electronic format on the corporate shared drive. Any documentation maintained in paper format will be secured in a locked location.
- C. Destruction Schedule: Program Integrity/Compliance records shall be uniformly destroyed, in a manner determined by the Chief Compliance Officer upon the expiration of the retention period. If at the expiration of the retention period, there is ongoing litigation or any internal or external investigation including, for example, cost report reviews, OIG investigations, lawsuits, or similar actions, then records relevant to the action shall be retained until the action is concluded, and the destruction schedule will not resume for these records until approved by the Chief Compliance Officer. Documents may be retained for longer periods upon the decision of the Chief Compliance Officer.
- D. Privilege, Privacy and Security: The Chief Compliance Officer shall take reasonable steps to assure that the records are retained in a secure environment including during the document destruction procedure, in accordance with all applicable laws and Southwest Michigan Behavioral Health policies including policies related to protected health information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), When implementing a protocol to maintain security, the Chief Compliance Officer shall assure that the protocol ensures limited access to documents during the retention period to authorized individuals.

References: None.

Attachments: None.

10.20 Compliance Document Retention

Final Audit Report

2024-07-31

Created:	2024-07-31
By:	Paige Pfaff (paige.pfaff@swmbh.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAMKMx-bEuV61E9KOqYC8didVLgSSEmqc-

"10.20 Compliance Document Retention" History

-  Document created by Paige Pfaff (paige.pfaff@swmbh.org)
2024-07-31 - 7:15:47 PM GMT- IP address: 104.159.231.26
-  Document emailed to Mila Todd (mila.todd@swmbh.org) for signature
2024-07-31 - 7:16:10 PM GMT
-  Email viewed by Mila Todd (mila.todd@swmbh.org)
2024-07-31 - 7:18:54 PM GMT- IP address: 104.47.51.126
-  Document e-signed by Mila Todd (mila.todd@swmbh.org)
Signature Date: 2024-07-31 - 7:19:02 PM GMT - Time Source: server- IP address: 50.124.35.84
-  Agreement completed.
2024-07-31 - 7:19:02 PM GMT