

Centers for Medicare & Medicaid Services (CMS) Audit & Monitoring

Effective Date: 10/24/2017

Draft/Review Date: 10/24/2017

Policy

- A. It is the policy of the ACO that the ACO and its Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities will cooperate with the Federal Government and/or their designees in regards to auditing, inspecting, investigating and evaluating any books, contracts, records, documents and other evidence of the ACO, Participants, and Providers/Suppliers, and other individuals or entities performing functions or services related to ACO activities.

Applicability

This policy and procedure applies to all Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities.

Procedure

- A. The ACO agrees – and requires all Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to ACO activities to agree – that the Federal Government has the right to audit, inspect, investigate, and evaluate any books, contracts, records, documents, and other evidence of the ACO, Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to ACO activities that pertain to:
 1. The ACO's compliance with the Medicare Shared Savings Program;
 2. The quality of services performed and determination of amount due to or from CMS under the participation agreement; and
 3. The ability of the ACO to bear the risk of potential losses and to repay any losses to CMS.
- B. For the purposes of this policy and procedure, "Federal Government" includes: CMS, the Department of Health & Human Services, the Comptroller General, and the Federal Government and/or their designees.
- C. Handling an Investigation
 1. Establish the identity of the government representative(s).
 - a. Request to see the photo identification, business card(s) or other credentials of the investigator(s) and make copies of the identification provided.
 - b. Be polite and let them know that the appropriate administrative personnel will arrive shortly to respond to their inquiry.

Centers for Medicare & Medicaid Services (CMS) Audit & Monitoring

Effective Date: 10/24/2017

Draft/Review Date: 10/24/2017

2. If asked, staff should also politely advise the government investigators that the staff does not have the authority to disclose documents or consent to a search and then direct the government investigators to the appropriate personnel within the office, or the ACO Compliance Officer.
3. Document the activity.
 - a. If possible, document exactly what the investigator(s) review, request copies of, or take with them.
 - b. You may follow the investigator(s) through your property as they execute the audit.
 - c. You are entitled to a written receipt for any property taken by the investigator(s) when they leave the premises.
 - d. Keep a record of all interactions between the government representative(s) and staff, and all documents exchanged.
 - i. This includes Beneficiary records or claims information that government representative(s) may view, even if they do not take the documents or copies with them.
 - a. The government representative(s) are not entitled to take original documents with them. If they wish to take documents, they will be provided copies of the originals.
 - ii. It is particularly critical that the ACO obtain a copy of the legal authority authorizing the release to the investigator(s) of Beneficiary Protected Health Information PHI and that the ACO maintain a record of all PHI that may be used or disclosed.
4. Cooperate with the investigator(s); do not obstruct the investigation.
 - a. Cooperate with the investigator(s) and be polite.
 - i. It is a crime to destroy or alter documents, falsely deny knowledge of requested information, or attempt to influence the testimony of staff.
 - b. Staff must respond to questions about the location of documents, but they are not required to answer other questions without the benefit of legal counsel.
 - c. Accordingly, if the government investigator(s) have properly identified themselves, presented written authorization, and assert that their audit must be immediate, do not attempt to block the search.
5. Comply with laws
 - a. The government representative(s) must comply with applicable laws and regulations (e.g., the Health Insurance Portability and Accountability Act of 1996 (HIPAA)) unless an exception applies.

Centers for Medicare & Medicaid Services (CMS) Audit & Monitoring

Effective Date: 10/24/2017

Draft/Review Date: 10/24/2017

- b. If staff is unclear whether an exception applies, politely ask the government representative(s) to produce evidence of an exception to applicable law. Inform the government representative(s) that the center wishes to cooperate with the investigation, but also has a legal obligation to protect its Beneficiaries' PHI and must comply with other applicable laws and regulations.
 6. Preserve documents; do not destroy or alter documents that are the subject of a government investigation.
 - a. Take affirmative steps, if necessary, to ensure the preservation of documents (including electronic data) that are the subject of any government inquiry.
 - b. Immediately halt any planned or routine destruction of relevant information.
 - c. Under certain circumstances CMS may determine there is a special need to retain a particular record or group of records for a longer period. In these cases CMS will notify the ACO at least 30 days before the normal disposition date. If there has been a termination, dispute, or allegation of fraud or similar fault against the ACO, its Participants, its Providers/Suppliers, or other individuals or entities performing functions or services related to the ACO's activities, the ACO 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.
 7. Staff may not communicate to anyone any matter related to a government investigation of the ACO without the express permission of the ACO's management staff or legal counsel.
 - a. Inquiries from the media should be directed to the Executive Director of the ACO and/or the Marketing department of Collaborative Health Systems (CHS).
 - b. Staff should not provide any comments to the press.
 8. During the course of the government investigation, all correspondence related to the investigation should be directed through the ACO'S legal counsel or Compliance Officer.
- D. The ACO has ultimate responsibility for adhering to and complying with the terms and conditions of its agreement with CMS, notwithstanding any arrangements between or among an ACO, Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to ACO activities.

Reporting

- A. N/A

Related Documentation

Centers for Medicare & Medicaid Services (CMS) Audit & Monitoring

Effective Date: 10/24/2017

Draft/Review Date: 10/24/2017

- A. 42 CFR §425.300, §425.314, §425.316
- B. ACO Terms & Definitions Policy