

COMPLIANCE 12.0

COMPLIANCE DOCUMENT RETENTION

Scope: All subsidiaries of Universal Health Services, Inc., including facilities, Independence Physician Management, Prominence Health Plan and UHS of Delaware Inc. and their personnel.

Purpose: Provide a policy on retention, destruction, and privacy issues regarding Compliance-related documents.

Policy: Documents generated pursuant to the UHS 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 and the applicable Facility Compliance Officer (“FCO”) according to the guidelines set forth below.

Procedure:

- 1. Retention:** All records created in accordance with the operation of the Compliance Program shall be maintained for a minimum of seven (7) 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”) or other government agency 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 in consultation with UHS Office of General Counsel.
- 2. Method of Retention:** To the extent practicable, records shall be maintained for a minimum of seven (7) years in form to be designated by UHS provided that such format allows for the accurate reproduction of such records. Retention of documents in electronic format only is allowed and authorized.
- 3. Destruction Schedule:** Records shall be uniformly destroyed, in a manner determined by the Chief Compliance Officer in consultation with the Office of General Counsel, upon the expiration of the retention period. If at the expiration of the retention period, there is any ongoing litigation or any internal or external investigation including, for example, cost report reviews, OIG or other government agency 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 notification is received from the UHS Office of General Counsel. Documents may be retained for longer periods upon the decision of the Chief Compliance Officer in consultation with the UHS Office of General Counsel.

4. 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 UHS policies and procedures including policies relating to protected health information (“PHI”) 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.
5. Compliance Communications with Outside Agencies: All communications with the Centers for Medicare and Medicaid Services (CMS), Medicaid, the Medicare administrative contractor, fiscal intermediary, or carrier, and any other government entity or representative, particularly on matters seeking billing compliance or clarification, to the extent practicable shall be documented at the time of the communication. This documentation shall include:
- The date, time, and method of the communication;
 - The names and titles (if known) of the individuals engaged in the communication, and the employee preparing this documentation;
 - A detailed description of the advice received, including citations to regulations, provider letters, or other bulletins if possible;
 - A confirmation letter shall be sent to the government entity or representative (e.g., CMS, Medicaid, the Medicare administrative contractor, fiscal intermediary or carrier), documenting or confirming the advice received, and
 - The documentation and copies of the confirmation letters shall be given to the Facility Compliance Officer and the Chief Compliance Officer promptly, who shall retain them according to the above retention policy.

Revision Dates:

11-29-2021; 7-27-2020; 10-12-2017; 10-01-2015; 10-26-2012

Implementation Date: 10-21-2010

Reviewed and Approved by:

UHS Compliance Committee

