

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER

SCHEDULE NUMBER 2063

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 1 OF 2

MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE
HCFCR-Medical Care Finance & Compliance Administration- Program Services & Review Division

SECRETARIAT/ADMINISTRATION

OFFICE/DIVISION

BOARD/UNIT

Item No.	Description of Records (Programs, Forms, etc.)	Retention
	<p>The Program Services and Review Division is comprised of the former Adjunct Services, Acute Care Services, and SURS Units. This Schedule Supersedes Schedules 1598, 1200, and 1189. *****</p>	
1.	<p>Hospital Program Files: Admission and Length of Stay Certification (DHMH 3808), and correspondence pertaining to certification.</p>	<p>Retain in office one (1) year and until audit requirements are met; transfer to State record Center for five (5) years, then destroy.</p>
2.	<p>Back up Material- HCFA Quarterly and Monthly Reports: Prepayments, Medicaid denials, back up records, etc.</p>	<p>Retain in office one (1) year and until audit requirements are met; transfer to State record Center for five (5) years, then destroy.</p>
3.	<p>Special Projects File: records pertaining to Special Projects program.</p>	<p>Retain in office one (1) year and until audit requirements are met; transfer to State record Center for five (5) years, then destroy.</p>
4.	<p>Surveillance Utilization Review Subsystem (SURS): consists of quarterly reports on the Federal program to detect fraud, abuse, and quality of care problems.</p>	<p>Retain in office one (1) year and until audit requirements are met; transfer to State record Center for five (5) years, then destroy.</p>
5.	<p>Explanation Of Medical Benefits (EOMB) Files: consists of monthly computer runs, reports, investigations, and correspondence.</p>	<p>Retain in office one (1) year and until audit requirements are met; transfer to State record Center for five (5) years, then destroy.</p>
6.	<p>Adjunct Services Case Files: pre-authorization requests, approvals, denials, correspondence for:</p> <p>A. PHARMACY & NUTRITIONAL SUPP-OUTPATIENT (DHMH 3495) B. VISION CARE C. AUDIOLOGY D. MED. SUPPLIES & DURABLE MED. EQUIPMENT (DHMH 1231) E. OXYGEN AND RESPIRATORY EQUIPMENT (DHMH 1219)</p>	<p>Retain in office one (1) year and until audit requirements are met; transfer to State record Center for five (5) years, then destroy.</p>

APPROVED BY: (DHMH Official)

DATE: June 26, 1998

SIGNATURE: Linda F. Lee

NAME/TITLE: Linda Lee, Chief

AUTHORIZED BY: (State Archivist)

DATE: JUL 20 1999

SIGNATURE: Edward C. Papenfuse

NAME/TITLE: Edward C. Papenfuse, State Archivist

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE

HCFCR-Medical Care Finance & Compliance Administration-Program Services & Review Division

SECRETARIAT/ADMINISTRATION

OFFICE/DIVISION

BOARD/UNIT

Item No.	Record Series Description	Retention
7.	Rare and Expensive Case Management (REM) and Stop Loss Case Management (SLM): consists of case files of recipients under these programs	Retain in office one (1) year and until audit requirements are met; transfer to State Record Center for five (5) years, then destroy.
8.	Bill Audits: completed audits performed by contractors.	Retain in office four (4) years and until audit requirements are met; transfer to State Record Center for six (6) years, then destroy.
9.	Administrative Files: consists of administrative reports, timesheets, leave cards, staff meeting notes, correspondence, etc.	Screen files at end of year while creating new annual folders, discarding unneeded copies and non-record materials. Retain the current and past two years files in office. Transfer to State Record Center until five years old, then destroy. Directives, policies, and information which illustrates the development of the program or Department are to be removed from annual folders and retained permanently for eventual transfer to the State Archives.

<p>DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>AGENCY RECORDS INVENTORY</p>	
				<p>1 9 PAGE ___ OF ___</p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Division Medical Care Finance and Compliance Administration</p>		<p>3. Unit or Section Program Services and Review Division</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title Hospital Program File</p>				<p>5. Earliest Year/Latest Year 1990 to 1996</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>Admission and Length of Stay Certification (DHMH 3808) and correspondence pertaining to certification, such as, medical documentation. Report of Administrative Days (DHMH 1288), and letters for administrative reviews, recoveries, etc. Purpose: Provide for the effective and efficient enforcement of the Maryland Medical Assistance Program by making sure hospital providers are in compliance with State and federal rules and regulations.</p>					
<p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
				<p>10. Annual Accumulation</p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p>			<p>12. File Becomes Inactive After</p> <p><u>6</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s);</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) DHMH, 2nd floor, Room 205</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>On microfilm in SS-18</u></p>		
<p>15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s)) Confidential - CFR 431.306 (b)</p>			<p>16. Audit Requirements</p> <p><input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			<p>18. Recommended Retention Retain in office one (1) year and until audit requirements are met; transfer to State Record Center for five (5) years, then destroy.</p>		
<p>19. Name and Title of Preparer Sharon T. Boyd Medical Care Program Specialist</p>		<p>20. Room Number 205 Telephone Number (410) 767-1722</p>		<p>21. Date March 12, 1999</p>	

<p>DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>AGENCY RECORDS INVENTORY</p>	
				<p>PAGE <u>2</u> OF <u>9</u></p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Division Medical Care Finance and Compliance Administration</p>		<p>3. Unit or Section Program Services & Review Division</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title Back-up Material - HCFA Quarterly and Monthly Reports</p>				<p>5. Earliest Year/Latest Year <u>1996</u> to <u>1997</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Medicaid denials and back up records - computer listings for each hospital stay with denied days.) Purpose: Report of money saved by program for denied also, another way of detecting incorrect payments.</p>					
<p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p>_____</p> <p>Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
				<p>10. Annual Accumulation</p> <p>_____</p> <p>Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly</p>			<p>12. File Becomes Inactive After</p> <p><u>3</u> _____ <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p> <p>Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) DHMH, 2nd Floor, Room 205</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Utilization Review Contractor - Delmarva</u></p>		
<p>15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s) Confidential</p>			<p>16. Audit Requirements</p> <p><input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			<p>18. Recommended Retention Retain in office one (1) year and until audit requirements are met; transfer to State Record Center for five (5) years, then destroy.</p>		
<p>19. Name and Title of Preparer Sharon T. Boyd Medical Care Program Specialist</p>		<p>20. Room Number 205 Telephone Number (410) 767-1722</p>		<p>21. Date March 12, 1999</p>	

<p><u>DHMH Instructions</u> - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-4) to the DHMH Records Management Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>AGENCY RECORDS INVENTORY</p>	
				<p>PAGE <u>3</u> OF <u>9</u></p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Division Medical Care Finance and Compliance Adm.</p>		<p>3. Unit or Section Program Services and Review Division</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title Special Projects File</p>				<p>5. Earliest Year/Latest Year 1994 to 1996</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Any back-up material used for projects requested from this Division.</p>					
<p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p>_____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel (s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
				<p>10. Annual Accumulation</p> <p>_____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p>			<p>12. File Becomes Inactive After</p> <p><input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) _____ Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) DHMH, 2nd Floor, Room 205</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>		
<p>15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s) Confidential</p>			<p>16. Audit Requirements</p> <p><input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			<p>18. Recommended Retention Retain in office one (1) year and until audit requirements are met; transfer to State Record Center for five (5) years; then destroy.</p>		
<p>19. Name and Title of Preparer Sharon T. Boyd Medical Care Program Specialist</p>		<p>20. Room Number 205 Telephone Number (410) 767-1722</p>		<p>21. Date March 12, 1999</p>	

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-4) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY	
				PAGE <u>4</u> OF <u>9</u>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division Medical Care Finance and Compliance Adm.		3. Unit or Section Program Services and Review Division	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Surveillance Utilization Subsystem (SURS)				5. Earliest Year/Latest Year <u>1995</u> to <u>1996</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Computer Printouts of provider and recipient payment history files. Purpose: Federal requirement to detect fraud, abuse and quality of care issues within Program.					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
				10. Annual Accumulation _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <u>6</u> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) DHMH - 2nd Floor - Room 205			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s) Confidential			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No			18. Recommended Retention Retain in office one (1) year and until audit requirements are met; transfer to State Record Center for five (5) years, then destroy.		
19. Name and Title of Preparer Sharon T. Boyd Medical Care Program Specialist		20. Room Number 205 Telephone Number (410) 767-1722		21. Date March 12, 1999	

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY	
				PAGE <u>5</u> OF <u>9</u>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division Medical Care Finance and Compliance Adm.		3. Unit or Section Program Services and Review Division	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Explanation of Medical Benefits (EOMB) files				5. Earliest Year/Latest Year 1992 to 1995	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Duplicate computer runs, reports, investigation and correspondence. Purpose: List of paid medical services mailed to randomly selected recipients for confirmation of services provided.					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
				10. Annual Accumulation _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly			12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 2nd Floor, Room 205			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s) Confidential			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input type="checkbox"/> No			18. Recommended Retention Retain in office one (1) year and until audit requirements are met; transfer to State Record Center for five (5) years, then destroy.		
19. Name and Title of Preparer Sharon T. Boyd Medical Care Program Specialist		20. Room Number 205 Telephone Number (410) 767-1722		21. Date March 12, 1999	

<p>DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>AGENCY RECORDS INVENTORY</p>	
				<p>PAGE <u>6</u> OF <u>9</u></p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Division Medical Care Finance and Compliance Administration</p>		<p>3. Unit or Section Program Services and Review Division</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title Adjunct Services Case Files</p>				<p>5. Earliest Year/Latest Year <u>1994</u> to <u>1998</u></p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>Preauthorization requests, approvals, denials, computer printouts of eligibility and correspondence. Purpose: Preauthorization of services provided for pharmacy, Nutritional Supplement, Vision Care, Audiology, Medical Supplies and Durable Medical Equip Oxygen and Respiratory Equipment.</p>					
<p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
				<p>10. Annual Accumulation</p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used</p> <p><input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p>			<p>12. File becomes Inactive After</p> <p><u>6</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 2nd Floor, Room 205</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>On Microfilm in SS-18</u></p>		
<p>15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s) Confidential</p>			<p>16. Audit Requirements</p> <p><input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			<p>18. Recommended Retention Retain in office one (1) year and until audit requirements are met; transfer to State Record Center for (5) years, then destroy.</p>		
<p>19. Name and Title of Preparer Sharon T. Boyd Medical Care Program Specialist</p>		<p>20. Room Number 205 Telephone Number (410) 767-1722</p>		<p>21. Date March 12, 1999</p>	

<p>DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>AGENCY RECORDS INVENTORY</p>	
				<p>PAGE <u>7</u> OF <u>9</u></p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Division Medical Care Finance and Compliance Adm.</p>		<p>3. Unit or Section Program Services and Review Division</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title Rare and Expensive Case Management (REM) and Stop Loss Management (SLM)</p>				<p>5. Earliest Year/Latest Year 1998 to</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>Computer Printouts - Eligibility, Correspondence Daily and Monthly Reports. REM preauthorization request appro., denials, computer printouts of eligibility correspondence.</p> <p>Purpose: Maintaining a file of recipients whose diagnosed diseases are costly and those recipients who have received optionals.</p>					
<p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
				<p>10. Annual Accumulation</p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p>			<p>12. File Becomes Inactive After</p> <p><u>6</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston St., 2nd Floor, Room 205</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s)) Confidential</p>			<p>16. Audit Requirements</p> <p><input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			<p>18. Recommended Retention Retain in office one (1) year and until audit requirements are met; transfer to State Record Center for five (5) years, then destroy.</p>		
<p>19. Name and Title of Preparer Sharon T. Boyd Medical Care Program Specialist</p>		<p>20. Room Number 205 Telephone Number (410) 767-1722</p>		<p>21. Date March 12, 1999</p>	

<p>DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>AGENCY RECORDS INVENTORY</p>	
				<p>PAGE <u>8</u> OF <u>9</u></p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Division Medical Care Finance and Compliance Administration</p>		<p>3. Unit or Section Program Services and Review Division</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title Bill Audits</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Documentation from contractor of completed audits performed on hospital bills. Purpose: Detect inappropriate billing by hospital provider.</p>					
<p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume _____ Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
				<p>10. Annual Accumulation _____ Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p>			<p>12. File Becomes Inactive After <u>6</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 2nd Floor - Room 205</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Bill Audit Contractors + Centra + DHAS</u></p>		
<p>15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s) Confidential</p>			<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			<p>18. Recommended Retention Retain permanently. Transfer periodically to the state archives.</p>		
<p>19. Name and Title of Preparer Sharon T. Boyd Medical Care Program Specialist</p>		<p>20. Room Number 205 Telephone Number (410) 767-1722</p>		<p>21. Date March 12, 1999</p>	

<p>DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>AGENCY RECORDS INVENTORY</p>	
				<p>PAGE <u>9</u> OF <u>9</u></p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Division Medical Care Finance and Compliance Adm.</p>		<p>3. Unit or Section Program Services and Review Division</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title Administrative Files</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Administrative reports, time sheets, leave cards, staff meeting notes, correspondence, etc.</p>					
<p>7. Record Series Format(s)</p> <p><input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p>_____ Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
				<p>10. Annual Accumulation</p> <p>_____ Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
<p>11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p>			<p>12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston St, 2nd Floor, Room 205</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Personnel ~ PARTIAL</p>		
<p>15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s) Confidential</p>			<p>16. Audit Requirements</p> <p><input type="checkbox"/> None <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			<p>18. Recommended Retention Retain in office for two years, transfer to state records center until five years old, then destroy.</p>		
<p>19. Name and Title of Preparer Sharon T. Boyd Medical Care Program Specialist</p>		<p>20. Room Number 205 Telephone Number (410) 767-1722</p>		<p>21. Date March 12, 1999</p>	