DEPARTMENT OF GENERAL SERVICES-STATE RECORDS CENTER

RECORDS RETENTION AND DISPOSAL SCHEDULE

SCHEDULE NUMBER 2229

DEPARTMENT OF HEALTH & MENTAL HYGIENE

HCF — OFFICE OF HEALTH SERVICE II

SECRETARIAT — OFFICE/ADMINISTRATION/BOARD

Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
	This schedule superscedes schedules,1042,1189,1467,	
1.	Division of Children Services a. Head Start b. Oral Health – Dental c. MCO Dental Services d. Fee For Service Dental e. EPSDT – Audio logy Program and Hearing Aid Pre-Authorization f. Occupational/Speech/Physical Therapy For Children and Adults, Chiropractic, Vision Care to Pre-Authorization g. EPSDT – Policy, Certification and QA Standards Lead Screening to Immunizations, Nutrition; Foster, Kinship to Juvenile Justice Healthcare h. Special Needs Children (SSI/DDA) Medical Records AD Hoc Reviews i. EPSDT Therapeutic Aides, Provider Training j. Health and Substance Abuse for Children, Head Start	Retain in office for Three(3) years, then send to State Records Center for four(4) years, then destroy.
2.	Division of Health Choice Customer Relations a. Enrollee Action b. Provider Hotl	Retain in office for three(3) years,then send to State Records Center for four(4) years, then destroy
3.	Division of Outreach and Care Coordination a. O to MCO Program Consultant Files b. Compliant Resolution files c. Care Coordination-Ombudsman Programs d. Family Planning e. Healthy Start f. QB Services/MCHP Outreach	Retain in office for Three (3) years, then send to State Records Center for four (4) years then destroy

APPROVED BY: (DHMH Official)

DATE: 11/19/02

SIGNATURE: Susan J. Tucker

NAME/TITLE: Executive Director

AUTHORIZED BY: (MD STATE ARCHIVES)

DATE: DEC 0 9 2002

SIGNATURE: Edward C. Papenfuse Jr

NAME/TITLE: EDWARD C PAPENFUSE, JR., STATE ARCHIVIST

DGS 550-1 (DHMH 2002)

DEPARTMENT OF GENERAL SERVICES
RECORDS MANAGEMENT DIVISION

RECORDS RETENTION AND DISPOSAL SCHEDULE

SCHEDULE NUMBER 2229

HCF

DEPARTMENT OF HEALTH & MENTAL HYGIENE
OFFICE OF HEALTH SERVICES II

SECRETARIAT/ADMINISTRATION OFFICE/DIVISION BOARD/UNIT

Item No.	Record Series Description	Retention
4	<u>Division of Health Choice Management Quality Assurance</u> a. MCO Rates b. Provider Contracts c. Market Conduct Studies d. Prompt Pay e. MCO Applications f. Program Survey Questions g. MIS Reports h. MCO Provider Network i. MCO Enrollee and Provider Templates j. MCO Marketing k. MCO Regulations l. Provider/Enrollee Satisfaction Surveys m. Quality Reporting n. Clinical Review o. EQRO Audit, Qip Health Risk Assessment Review	State Record Retain in office for five (5) years, then send to Center for five(5) years, then destroy
5.	<u>Division of Hospital and Physician Services</u> a. SURS Case Review, Transplant/Hospital b. Hospital Programs c. Physician, Nurse Practitioners to Podiatry Services d. SURS Control e. Bill Audit Files	Retain in office for two(2) years, then transfer to State Records Center for four(4) years, then destroy
6.	<u>Division of Healthy Kids</u> a. EPSDT Review b. Healthy Kids Record Review Immunization c. MCO/HMO Child QA, Provider	Retain in office for three (3) years and then transfer to State Records Center for four(4) years, then destroy

DEPARTMENT OF GENERAL SERVICES-STATE RECORDS CENTER

SCHEDULE NUMBER 2229

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE

HCF — OFFICE OF HEALTH SERVICES II

SECRETARIAT — OFFICE/ADMINISTRATION/BOARD

Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
7.	<u>Division of Pharmacy & Clinic Services</u> a. Pharmacy Policy & Pre-Authorization b. Pharmacy Assistance, Mfg. Rebate c. Pharmacy Pre-Authorization, Nutritional Supplements. d. MCO Pharmacy Review e. (DUR) Drug Utilization Review Board f. Clinic Services (FQHC, MQHC,LHD) g. Free Standing Ambulatory Surgical Centers h. Free Standing Dialysis	Retain in office for three(3) years, then transfer to State Record Center for four(4) years, then destroy

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records 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

DHMH RECORDS INVENTORY

PAGE 1 OF 7

1. Department/Agency: DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board: DIVISION OF CHILDREN SERVICES

3. Division/Unit or Section: 79

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: ITEM 1. DIV OF CHILDREN SERVICES

5. Earliest Year/Latest Year: ____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

a. Head Start - correspondence files
b. Oral-Health Dental - preauthorization cases, provider files and correspondence files
c. MCO Dental Service - preauthorization cases, provider files and correspondence files
d. Fee For Service Dental - preauthorization cases, provider files, and correspondence files
e. EPSDT - Audiology & Hearing Aid - preauthorization cases, Provider files and Correspondence files.
f. OT, PT, ST For children and Adults, Chiropractic, Vision Care - preauthorization cases, provider files and correspondence files.
g. EPSDT, Policy Certification & QA Standards, Lead Screen to Immunization, Nutrition, Foster Care, Kinship Care Juvenile Justice Healthcare - Correspondence Files
h. Special Needs Children (SSI) Medical Records Abstract Reviews - Correspondence Files
I. Therapeutic Aide, Provider training - provider, Recipient & Correspondence files
j. HHS Electronic Abuse/Children - provider and correspondence files
k. IEP/IFSP Monthly Payment Reports - correspondence files

7. Record Series Format(s) List all

Paper:	Film / tape:	Electronic:
X Letter Size	▯ Film/Slides (35mm, etc)	▯ Kept on Hard Drive
▯ Legal Size	▯ Microfilm/ Microfiche	▯ Computer Tape
▯ Rolls ___▯	▯ Audio Tape	▯ Floppy Disk
▯ Bound Book	▯ Video Tape	▯ CD,DVD,etc
▯ Card ___x___	▯ Other (specify)_____	

8. Record Series Sequence
X Alphabetical
▯ Numerical
▯ Chronological
▯ Geographical
▯ Other (specify) _____

9. Volume
▯ File Drawer(s)
▯ Microfilm Reel(s)
▯ Computer Tape(s)
_____ Number ▯ Other (specify)

10. Annual Accumulation
▯ File Drawer(s)
▯ Microfilm Reel(s)
▯ Computer Tape(s)
_____ Number ▯ Other (specify)

11. File is Used: X ▯ Daily ▯ Weekly ▯ Monthly ▯ Annually

12. File Becomes Inactive After _____ Number ▯ Month(s) ▯ Year(s)

13. Current Location(s) (Bldg., Floor, Room): 201 W. Preston St. Room # 211

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
▯ Yes X No Agency/ Format_____

15. Privacy / Access Restrictions ▯ Yes ▯ No
▯ Personal ▯ Medical ▯ Proprietary ▯ Classified ▯ Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements ▯ None ▯ Internal ▯ OIG
X Legislative ▯ Federal ▯ Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
▯ Yes X No _____

18. Recommended Retention: In Office And In Storage (Each Format)
Retain in office for Three(3) years, then send to State Records Center for four(4) years, then destroy.

19. Name and Title of Preparer: SCHWANNA MARSHALL
E-mail address:

20. Location: 201 W. Preston Street
Telephone Number# 410-767-1485 Room # 211

21. Date: NOV. 26, 2002

DGS 550-4 (DHMH Rev. 2002)

DHMH Instructions - Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

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DHMH RECORDS INVENTORY

PAGE 1 OF 1

1. Department/Agency: DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board: DIVISION OF HEALTHCHOICE CUSTOMER RELATIONS

3. Division/Unit or Section: 79

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: Div. of Hlth Choice Customer Relations / office ITEM 2 of Hlth Services

5. Earliest Year/Latest Year: 2000 to 2002

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

a. Enrollee Action — The general file contains various categories of data required for information purposes, statistics and budget. It also contains summary of calls recieved and other call types ex CMS reports

b. Provider Hot — Two types of records (1) Complaint Logs: The quarterly complaints submitted by the MCO's for review. The MCO sends staff the details of the cases selected by unit supervisor. (2) Closed provider complaints (Correspondence) - The provider recieved via mail which have been resolved and closed. This would be the actual documentation received from the provider and a copy of PROMIS w/our resolution

7. Record Series Format(s) List all

Paper:	Film / tape:	Electronic:
X Letter Size	[ ] Film/Slides (35mm, etc)	[ ] Kept on Hard Drive
[ ] Legal Size	[ ] Microfilm/ Microfiche	[ ] Computer Tape
[ ] Rolls __	[ ] Audio Tape	[ ] Floppy Disk
[ ] Bound Book	[ ] Video Tape	[ ] CD,DVD,etc
[ ] Card __x__	[ ] Other (specify)_____	

8. Record Series Sequence
- X Alphabetical
- [ ] Numerical
- [ ] Chronological
- [ ] Geographical
- [ ] Other (specify) _____

9. Volume
- [ ] File Drawer(s)
- [ ] Microfilm Reel(s)
- [ ] Computer Tape(s)
- [ ] Other (specify)

_____ Number

10. Annual Accumulation
- [ ] File Drawer(s)
- [ ] Microfilm Reel(s)
- [ ] Computer Tape(s)
- [ ] Other (specify)

_____ Number

11. File is Used: X Daily [ ] Weekly [ ] Monthly [ ] Annually

12. File Becomes Inactive After _____ Number [ ] Month(s) [ ] Year(s)

13. Current Location(s) (Bldg., Floor, Room): 201 W. Preston St, 2nd Rm 299

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) [ ] Yes X No Agency/ Format_____

15. Privacy / Access Restrictions [ ] Yes [ ] No
[ ] Personal [ ] Medical [ ] Proprietary [ ] Classified [ ] Other _____
(If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements [ ] None [ ] Internal [ ] OIG X Legislative [ ] Federal [ ] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[ ] Yes X No _____

18. Recommended Retention: In Office And In Storage (Each Format)
Retain in office for three (3) yrs, then send to State Records Center for four (4) yrs. then destroy

19. Name and Title of Preparer: Lena Watkins Med. Care Prog. Spec II
E-mail address: WATKI015@DHMH.state.md.us

20. Location: 201 W. Preston St. 21201
Telephone Number# _____ Room # 299

21. Date: 11/26/02

DGS 550-4 (DHMH Rev. 2002)

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

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DHMH RECORDS INVENTORY

PAGE 3 OF 7

1. Department/Agency: DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board: DIVISION OF OUTREACH AND CARE COORDINATION

3. Division/Unit or Section: 79

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: ITEM 3 OUTREACH + CARE COORDINATION

5. Earliest Year/Latest Year: ____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

a. ~~Documentation~~ ~~Meetings~~ + ~~with MCOs~~ Documentation - Reports of MCO meetings / contacts
b. Info. on recipient cases. (first complaints, all info. that comes in from ACCU + omb. co's
" from doctors and other sources.
c. Reports that come in and are filed away.
d. Reports that document Family Planning activities - fees. Recipient Activities
e. Audits that are done (documents)
F. Reports on Outreach activities for MCHP. done by LHDs

7. Record Series Format(s) List all

Paper: X Letter Size; [ ] Legal Size; [ ] Rolls __[ ]; [ ] Bound Book; [ ] Card __x__; [ ] Other (specify)_____

Film / Fiche: [ ] Film/Slides (35mm, etc); [ ] Microfilm/ Microfiche; [ ] Audio Tape; [ ] Video Tape

Electronic: [ ] Kept on Hard Drive; [ ] Computer Tape; [ ] Floppy Disk; [ ] CD,DVD,etc

8. Record Series Sequence: X Alphabetical; [ ] Numerical; [ ] Chronological; [ ] Geographical; [ ] Other (specify) _____

9. Volume: [ ] File Drawer(s); [ ] Microfilm Reel(s); [ ] Computer Tape(s); [ ] Other (specify) _____ Number

10. Annual Accumulation: [ ] File Drawer(s); [ ] Microfilm Reel(s); [ ] Computer Tape(s); [ ] Other (specify) _____ Number

11. File is Used: X [ ] Daily [ ] Weekly [ ] Monthly [ ] Annually

12. File Becomes Inactive After _____ Number [ ] Month(s) [ ] Year(s)

13. Current Location(s) (Bldg., Floor, Room): 201 W. Preston Street Room 211

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) [ ] Yes [ ] No Agency/ Format_____

15. Privacy / Access Restrictions [ ] Yes X No
[ ] Personal [ ] Medical [ ] Proprietary [ ] Classified [ ] Other _____
(If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements [ ] None [ ] Internal [ ] OIG X Legislative [ ] Federal [ ] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[ ] Yes X No _____

18. Recommended Retention: In Office And In Storage (Each Format)
Retain In Office For three (3) years, then Send to State Records Center For Four (4) years then destroy

19. Name and Title of Preparer: TAMARA Pridgen Douglas
E-mail address:

20. Location: 201. West Preston Street
Telephone Number: 410 767-6750 Room # 211

21. Date: NOV. 26, 2002

DGS 550-4 (DHMH Rev. 2002)

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DHMH RECORDS INVENTORY

1. Department/Agency: DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board: DIVISION OF HEALTH CHOICE MANAGEMENT QUALITY ASSURANCE

3. Division/Unit or Section: 79

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: ITEM 4 - HEALTH CHOICE MGT - QUALITY ASSURANCE

5. Earliest Year/Latest Year: ____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

a. MCO Rates
b. Provider Contracts
c. Market Conduct Studies
d. Prompt Pay
e. MCO Applications
F. Program Survey Questions
G. MIS Reports
H. MCO Provider Network
I. MCO Enrollee and Provider Templates
J. MCO Marketing
K. MCO Regulations
L. Provider/Enrollee Satisfaction Surveys
M. Quality Reporting
N. Clinical Review
O. EQRO Audit, QIP Health Risk Assessment Review

7. Record Series Format(s) (Check all)

Paper: [X] Letter Size [ ] Legal Size [ ] Rolls ___ [ ] Bound Book [ ] Card ___x___ [ ] Other (specify)_____

Film / tape: [ ] Film/Slides (35mm, etc) [ ] Microfilm/ Microfiche [ ] Audio Tape [ ] Video Tape

Electronic: [ ] Kept on Hard Drive [ ] Computer Tape [ ] Floppy Disk [ ] CD,DVD,etc

8. Record Series Sequence: [X] Alphabetical [ ] Numerical [ ] Chronological [ ] Geographical [ ] Other (specify) _____

9. Volume: [ ] File Drawer(s) [ ] Microfilm Reel(s) [ ] Computer Tape(s) [ ] Other (specify) _____ Number

10. Annual Accumulation: [ ] File Drawer(s) [ ] Microfilm Reel(s) [ ] Computer Tape(s) [ ] Other (specify) _____ Number

11. File is Used: X [ ] Daily [ ] Weekly [ ] Monthly [ ] Annually

12. File Becomes Inactive After _____ Number [ ] Month(s) [ ] Year(s)

13. Current Location(s) (Bldg., Floor, Room): 201 W. Preston Room # 208

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) [ ] Yes [X] No Agency/ Format_____

15. Privacy / Access Restrictions [ ] Yes [X] No [ ] Personal [ ] Medical [ ] Proprietary [ ] Classified [ ] Other _____ (If Yes, cite Law(s) & Regulation(s))

16. Audit Requirements [ ] None [ ] Internal [ ] OIG [X] Legislative [ ] Federal [ ] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements: [ ] Yes [X] No _____

18. Recommended Retention: In Office And In Storage (Each Format): Retain in office for five (5) years, then send to center for five years, then destroy

19. Name and Title of Preparer: Donna Buckleman

E-mail address:

20. Location: 201 Bldg

Telephone Number: 410 767-1743

Room # 208

21. Date: Nov. 26 2002

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

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DHMH RECORDS INVENTORY

PAGE 5 OF 7

1. Department/Agency: DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board: DIVISION OF HOSPITAL AND PHYSICIAN SERVICES

3. Division/Unit or Section: 79

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: ITEM 5 HOSPITAL + PHYSICIAN SERVICES

5. Earliest Year/Latest Year: ____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

a. SURS Closed Cases

b. Admission and Length of Stay Certification (DHMH 3808) - 1999 Over 30 days, Corrections, Voids, Sendbacks - 1999 | HCFA Quarterly Reports FY98 through FY99

c. PHYSICIAN, NURSE PRACTIONERS to Podiatry Services

d. SURS CONTROL

e. Bill Audit Files

7. Record Series Format(s) - List all

Paper: X Letter Size; [ ] Legal Size; [ ] Rolls ___[ ]; [ ] Bound Book; [ ] Card ___x___

Film / tape: [ ] Film/Slides (35mm, etc); [ ] Microfilm/ Microfiche; [ ] Audio Tape; [ ] Video Tape; [ ] Other (specify)_____

Electronic: [ ] Kept on Hard Drive; [ ] Computer Tape; [ ] Floppy Disk; [ ] CD,DVD,etc

8. Record Series Sequence: X Alphabetical; [ ] Numerical; [ ] Chronological; [ ] Geographical; [ ] Other (specify) _____

9. Volume: ____ Number [ ] File Drawer(s); [ ] Microfilm Reel(s); [ ] Computer Tape(s); [ ] Other (specify)

10. Annual Accumulation: ____ Number [ ] File Drawer(s); [ ] Microfilm Reel(s); [ ] Computer Tape(s); [ ] Other (specify)

11. File is Used: X [ ] Daily [ ] Weekly [ ] Monthly [ ] Annually

12. File Becomes Inactive After ____ Number [ ] Month(s) [ ] Year(s)

13. Current Location(s) (Bldg., Floor, Room): 201 W. Preston Street Rm 208

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) [ ] Yes X No Agency/ Format_____

15. Privacy / Access Restrictions [ ] Yes X No [ ] Personal [ ] Medical [ ] Proprietary [ ] Classified [ ] Other _____ (If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [ ] None [ ] Internal [ ] OIG [ ] Legislative [ ] Federal [ ] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements: [ ] Yes X No _____

18. Recommended Retention: In Office And In Storage (Each Format): Retain in office for two(2) years, then transfer to State Records Center for Four(4) years, then destroy

19. Name and Title of Preparer: Doris Moore

E-mail address:

20. Location: 201 W. Preston St.

Telephone Number#: (410) 767-1725 Room # 208

21. Date: Nov. 26, 2002

DGS 550-4 (DHMH Rev. 2002)

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

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(410) 799-1379

DHMH RECORDS INVENTORY

PAGE 6 OF 7

1. Department/Agency: DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board: DIVISION OF HEALTHY KIDS

3. Division/Unit or Section: 79

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: 6- Healthy Kids Program

5. Earliest Year/Latest Year: ____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

a. EPSDT REVIEW

b. Healthy Kids Record Review Immunization

c. MCO/HMO child QA, Provider

7. Record Series Format(s) Units

Paper: X Letter Size; [] Legal Size; [] Rolls __[]; [] Bound Book; [] Card __x__; [] Other (specify)_____

Film / tape: [] Film/Slides (35mm, etc); [] Microfilm/ Microfiche; [] Audio Tape; [] Video Tape

Electronic: [] Kept on Hard Drive; [] Computer Tape; [] Floppy Disk; [] CD,DVD,etc

8. Record Series Sequence

X Alphabetical
[] Numerical
[] Chronological
[] Geographical
[] Other (specify) _____

9. Volume

_____ Number
[] File Drawer(s)
[] Microfilm Reel(s)
[] Computer Tape(s)
[] Other (specify)

10. Annual Accumulation

_____ Number
[] File Drawer(s)
[] Microfilm Reel(s)
[] Computer Tape(s)
[] Other (specify)

11. File is Used X [] Daily [] Weekly [] Monthly [] Annually

12. File Becomes Inactive After _____ Number [] Month(s) [] Year(s)

13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston St. Room 200

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
[] Yes X No Agency/ Format_____

15. Privacy / Access Restrictions [] Yes X No
[] Personal [] Medical [] Proprietary [] Classified [] Other _____
(If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [] None [] Internal [] OIG
X Legislative [] Federal [] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
[] Yes X No _____

18. Recommended Retention: In Office And In Storage (Each Format)
Retain in office for three (3) years and then transfer to State Records Center for Four (4) years, then destroy

19. Name and Title of Preparer: DIERDRE RANDALL
E-mail address:

20. Location: 201 W. Preston Street
Telephone Number# 410 767-1683 Room # 200

21. Date: NOV. 26, 2002

DGS 550-4 (DHMH Rev. 2002)

DHMH Instructions -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.

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DHMH RECORDS INVENTORY

PAGE 7 OF 7

1. Department/Agency: DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board: DIVISION OF PHARMACY AND CLINIC SERVICES

3. Division/Unit or Section: 79

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: ITEM 7 Pharmacy & Clinic Services

5. Earliest Year/Latest Year: ____ to ____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

a. Files that Pharmacy Regs have been applied re. approval/disapproval of Prescription drugs.

b. Pharmaceutical Drug companies doing business with Medicaid.

c. Files applying Pharmacy regulations re. approval/disapproval of drugs and/or nutritionals.

d. Files applying Pharmacy regulations in relationship with the Managed Care Organizations.

e. Files where federally mandated regs. apply to cliams billed to Medicaid-fee-for-service.

F. Outpatient, non-hospital surgical centers.

G. Outpatient, non-hospital dialysis centers.

7. Record Series Format(s) List all

Paper: [X] Letter Size [ ] Legal Size [ ] Rolls __ [ ] Bound Book [ ] Card __x__

Film / Tape: [ ] Film/Slides (35mm, etc) [ ] Microfilm/ Microfiche [ ] Audio Tape [ ] Video Tape [ ] Other (specify)_____

Electronic: [ ] Kept on Hard Drive [ ] Computer Tape [ ] Floppy Disk [ ] CD,DVD,etc

8. Record Series Sequence: [X] Alphabetical [ ] Numerical [ ] Chronological [ ] Geographical [ ] Other (specify) _____

9. Volume: [X] File Drawer(s) [ ] Microfilm Reel(s) [ ] Computer Tape(s) [ ] Other (specify) _____ Number

10. Annual Accumulation: [X] File Drawer(s) [ ] Microfilm Reel(s) [ ] Computer Tape(s) [ ] Other (specify) _____ Number

11. File is Used: [X] Daily [ ] Weekly [ ] Monthly [ ] Annually

12. File Becomes Inactive After 3 Number [ ] Month(s) [X] Year(s)

13. Current Location(s) (Bldg., Floor, Room): 201 Bldg 2nd FLOOR OS/Room 205

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) [ ] Yes [ ] No Agency/ Format_____

15. Privacy / Access Restrictions [ ] Yes [ ] No [ ] Personal [ ] Medical [ ] Proprietary [ ] Classified [ ] Other _____ (If Yes, cite Law(s) & Regulation(s)

16. Audit Requirements [ ] None [ ] Internal [ ] OIG [ ] Legislative [ ] Federal [ ] Independent

17. Is an Index System used? If yes, explain briefly and describe requirements [ ] Yes [X] No _____

18. Recommended Retention: In Office And In Storage (Each Format) Retain in office for three (3) years, then transfer to state record center for four (4) years, then destroy

19. Name and Title of Preparer: Nadine Robinson

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20. Location: 201 Bldg OHS Room 205

Telephone Number: 767-4455 Room #: 205

21. Date: Nov. 26, 2002

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