

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE

OFFICE OF OPERATIONS, ELIGIBILITY & PHARMACY (OoEP) – BENEFICIARY SERVICES ADMINISTRATION (BSA)

THIS SCHEDULE SUPERSEDES SCHEDULE NUMBER 934

Item	Description of Records Series	Authorized Retention Period & Instructions
1	<p><u>BENEFICIARY SERVICES – DIRECTOR’S OFFICE</u></p> <p>1.1 Medical Assistance Eligibility Case Records Emergency Services for Illegal and Ineligible Aliens</p> <p>1.1A. Active Case Records – including applications for MA emergency services & related documentation</p> <p>1.1B. Inactive Case Records– including applications for MA Emergency Services & related documentation</p> <p>1.2 Medical Assistance Eligibility Case Records Emergency Services for Illegal/Ineligible Aliens</p> <p>1.2A. Medical Records – including medical approval letters and medical documentation</p>	<p>1.1A. Retain in office until case is closed or becomes inactive. Retain in storage for six (6) years from date closed, and then destroy.</p> <p>1.1B. Retain in storage for six (6) years, and then destroy.</p> <p>1.2A. Retain in office until case is closed or becomes inactive. Place in storage for six (6) years from closed date then destroy.</p>
2	<p><u>DIVISION OF ELIGIBILITY SERVICES</u></p> <p>2.1 Eligibility Files Files pertaining to specific Medical Assistance or potential Medical Assistance clients concerning inquiry, problem resolution, etc. Files are maintained by recipient/client name and may include various records and/or documentation pursuant or relative to eligibility.</p> <p>2.2 Medicaid Eligibility Training Files consisting of Data Access Security Forms and Request Memos for Log On IDs</p>	<p>2.1. Retain for five (5) years, then destroy</p> <p>2.2 Retain in office until ID is deactivated. Once inactive, retain in storage for six (6) years, then destroy.</p>

APPROVED BY: (DHMH Official) DATE: **APR 13 2007**

AUTHORIZED BY: (STATE ARCHIVES) DATE: *25 May 07*

SIGNATURE: *Charles E. Lehman*
NAME/TITLE: **CHARLES LEHMAN, EXECUTIVE DIRECTOR, OoEP**

SIGNATURE: *Edward C. Papenfuse, Jr.*
NAME/TITLE: **EDWARD C PAPENFUSE, JR., STATE ARCHIVIST**

RECORDS RETENTION AND DISPOSAL SCHEDULE**DEPARTMENT OF HEALTH & MENTAL HYGIENE**

OFFICE OF OPERATIONS, ELIGIBILITY & PHARMACY (OOEP) – BENEFICIARY SERVICES ADMINISTRATION (BSA)

Item	Description of Records Series	Authorized Retention Period & Instructions
2	<p><u>DIVISION OF ELIGIBILITY WAIVER SERVICES</u></p> <p>2.3 Medical Assistance Waiver Client Records</p> <p>2.3.A. Active Client Files include applications for program enrollment, form letters/ correspondence, requested verifications, i.e., birth certificates, social security cards, insurance policies, bank statements, database and eligibility file/system print-outs.</p> <p>2.3.B. Inactive Client Files include applications for program enrollment, form letters/ correspondence, requested verifications, i.e., birth certificates, social security cards, insurance policies, bank statements, database and eligibility file/system print-outs</p>	<p>2.3.A Scan hardcopy and validate. Retain hardcopy for one (1) year then destroy. Retain electronic version until client/case becomes inactive or is closed. Save electronic version for ten (10) years from closed date, then destroy.</p> <p>2.3.B. Retain hardcopy for five (5) years then destroy. If scanned, retain electronic version for ten (10) years then destroy.</p>
3	<p><u>KIDNEY DISEASE PROGRAM (KDP)</u></p> <p>3A. Active KDP Recipient Files maintained alphabetically by recipient name containing individual patient invoices from various medical providers; information charts on patient status and documents such Income Tax statements, Medicare notice of eligibility, etc.</p> <p>3.B.Inactive KDP Recipient Files maintained alphabetically by recipient name containing individual patient invoices from various medical providers; information charts on patient status and documents such Income Tax statements, Medicare notice of eligibility, etc.</p>	<p>3.A Retain in office until case is closed or becomes inactive. Retain in storage for six (6) years from closed date, and until all audit requirements have been met, then destroy.</p> <p>3.B.Retain in storage for six (6) years and until all audit requirements are met, then destroy.</p>
4	<p><u>QUALIFY CONTROL UNIT</u></p> <p>Quality Control Files include information from medical assistance case file reviews used for verifying/checking eligibility and claims, monthly reports, etc.</p>	<p>4. Retain in office for two (2) years after completion of review then transfer to State Records Center for four (4) years and until all audit requirements have been met, then destroy.</p>

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DEPARTMENT OF HEALTH & MENTAL HYGIENE

OFFICE OF OPERATIONS, ELIGIBILITY & PHARMACY (OOEP) – BENEFICIARY SERVICES ADMINISTRATION (BSA)

Item	Description of Records Series	Authorized Retention Period & Instructions
5	<p><u>DIVISION OF RECIPIENT ELIGIBILITY PROGRAMS (DREP)</u></p> <p><u>A. CARES/MMIS Unit</u> Files include the following documents produced and/or maintained by DREP for the purpose of establishing, deleting or maintaining Medicaid eligibility:</p> <ul style="list-style-type: none"> • Certification/Turnaround Document • DHR/IMA 81 Administrative Error Report • HMFR-1942-R001 – Daily Certification/ Turn-Around Document • HMMR 1184–Daily process summary– MMIS II • HMFR 1946-R001–Non-CARES retrofit errors • HMFR 3300-R001 – Possible duplicate recipient – birth/sex daily • HMFR 9140-R001 – Recipient On-Line Cross Reference Report • HMFR 2000-R001–Monthly Count of Open& Closed cases per eligibility system-CARES • AIMS/AMF/State Only Recipient on-line update control • HMFR 9160-R001 – Open/closed cases per coverage group per eligibility system –CARES/ AIMS/AMF/State Only • HMFR 1112-R001 – Counts by coverage group per local health department • HMFR 1110-R001 – Eligibility count of last twelve months of MA eligibility • HMFR 1120-R002 – Eligibility counts by race/sex • HMFR 1120-R001 – Eligibility counts by age • HMFR 1967-R002 – CARES/MMIS II Reconciliation report – Recipients active on CARES not active on MMIS-II • HMFR 1968-R002 – CARES/MMIS-II Reconciliation Report – Recipients active on MMIS-II – not active on CARES • HMFR 9120-R001–Newborn report of cases not processed by CARES-DHR EligibilitySys • DHMH 4541 – Conflicting Data Report • DHMH 1184 – Hospital Report of Newborns • HMMR 6761– S13 (Children under 19) ACE cases with eligibility ending a specific month • HMMR 6760 – P02 (Pregnant Women) ACE cases with eligibility ending on specific month • HMFM 1111-R001 – Eligibility Counts by coverage group and resident county • HMMR –1510-R001 – Counts by coverage group and age of recipient 	<p>5.A. Retain in office for two (2) years then transfer to State records Center for four (4) years and until all audit requirements are then; then destroy.</p>

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DEPARTMENT OF HEALTH & MENTAL HYGIENE

OFFICE OF OPERATIONS, ELIGIBILITY & PHARMACY (OOEP) - BENEFICIARY SERVICES ADMINISTRATION (BSA)

Item	Description of Records Series	Authorized Retention Period & Instructions
5	<p><u>DIVISION OF RECIPIENT ELIGIBILITY PROGRAMS (DREP)</u></p> <p><u>B. Long Term Care Unit</u> The following documents are produced and/or maintained by DREP for the purpose of establishing, deleting or maintaining Medicaid eligibility:</p> <ul style="list-style-type: none"> • 206C Requests • Less than 30 day Stay from DES501 • Certification/Turnaround Document HMFR 1942-R001 (CTAD) • DHMH 2324 Certification for Inpatient Addictions Services in a Psych Facility (Under 21 Program) • DHMH 4571 – Recipient File Split Bill Amount/Screen 4 Update Request Form • Hospice/Hospice Adjustment Form • Waiver and Waiver Adjustment Form • Miscellaneous – Long Term Care/Special Projects – DHMH 239, MCO Adjustments • Quality Assurance Reports (RMF) • Various MMIS reports – Daily, monthly & quarterly • Ad-Hoc reports – used for “change of ownership” requests for long term care facilities • LTC Recipient Span Audit Trail 	<p>5 B. Retain for six (6) years and until all audit requirements are met, then destroy.</p>

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DEPARTMENT OF HEALTH & MENTAL HYGIENE

OFFICE OF OPERATIONS, ELIGIBILITY & PHARMACY (OOEP) – BENEFICIARY SERVICES ADMINISTRATION (BSA)

Item	Description of Records Series	Authorized Retention Period & Instructions
5	<p><u>Division of Recipient Eligibility Programs</u></p> <p><u>C. Buy-In Unit</u> The following documents are produced and/or maintained by DREP for the purpose of establishing, deleting or maintaining Medicaid eligibility</p> <ul style="list-style-type: none"> • HMFB 8225–Acknowledgement Report-CMS • Bendex Processing Report – HMMB-4000 • Buy-In Premiums by Coverage Group HMFB 8265 • Buy-In Codes HMFB 8260 • Counts by Coverage Group/Local HMFM 1111 • Medicare/Medicaid Recipients HMFB 8250 • Preliminary Extract HMFB 2110 • Qualifying Individuals I – S-14 – HMFB 8380 • S-15 Coverage Group – HMFB 8360 (Terminated) • Qualifying Individuals II – S15 – HMFB 8370 • Buy-In Tables/Update • Transaction Audit Trail • Buy-In History • Agreements – Vital Statistics • CMS Bulletins • Medicare, SSA & CMS information, bulletins regarding Medicare benefits • Outreach – Baltimore City • Outreach – Eastern Shore • Outreach – Medicare Recipients 65+ • QMB/SLMB Programs • State Data Exchange • DHR State Verification Exchange System – SSA, SSI & Medicare • Social Security Enrollment Database Reports • CMS monthly billing statements • Agreement between SSA & DHMH Buy-In Program regarding SSA's Bendex file 	<p>5 C. Retain for six (6) years then destroy.</p>

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DHMH Instructions - Make a list of all files. Determine whether each is non-record, record, 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

BSA ~~XXXXXXXXXX~~ ITEM 1-1, 1-2 A

Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
OFFICE OF OPERATIONS, ELIGIBILITY & PHARMACY
Director's Office

3. Division/Unit or Section
BENEFICIARY SERVICES ADMINISTRATION
ADMINISTRATIVE UNIT

DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

Record Series Title
MA ELIGIBILITY CASE RECORDS

5. Earliest Year/Latest Year
_____ to _____

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

Emergency Services for Illegal and Ineligible Aliens case records:
1. The medical approval letters for all cases except ALS, AIDS/HIV, and ESRD (kept on-site for a minimum of 2 yrs.)
2. All ALS, AIDS/HIV, ESRD medical approval letters (need to be kept on-site indefinitely).
3. Medical documentation on denied cases (need to be kept indefinitely - would send off-site after 2 years - Hospitals have 2 years to file an appeal, individuals have 90 days).

Record Series Format(s) List all
Paper: Letter Size Film/Slides (35mm, etc.) Kapt on Hard Drive
 Legal Size Microfilm/Microfiche Computer Tape
 Rols ___ Audio Tape Floppy Disk
 Bound Book Video Tape CD, DVD, etc.
 Card ___ Other (specify) _____

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

9. Volume
 File Drawer(s)
 Microfilm Reel(s)
 Computer Tape(s)
Number _____
10. Annual Accumulation
 File Drawer(s)
 Microfilm Reel(s)
 Computer Tape(s)
Number _____

11. File is Used Daily Weekly Monthly Annually

12. File Becomes Inactive After 6 Month(s) Year(s)
Number _____

13. Current Location(s) (Bldg., Floor, Room)
O'Conor Bldg., Service Level, Room SS-3

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 No _____

18. Recommended Retention: In Office And In Storage (Each Format)
Retain Active in Office
Keep 6 yrs. after closed in storage

19. Name and Title of Preparer
Deborah James (for Dee Spanos)
E-mail address: jamesde@dnhm.state.md.us

20. Location: O'Conor Bldg.
Telephone Number# 767-1092 Room # L-9

21. Date 7/19/05

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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
		BSA MMH ITEM 2.1 PAGE 1

Department/Agency DEPT OF HEALTH & MENTAL HYGIENE	2. Office/Administration/Board DOEP-BSA	3. Division/Unit or Section Division of Eligibility Services (DES)
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4. DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.	5. Earliest Year/Latest Year _____ to _____
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1. Record Series Title
DES Client File

3. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)
DES Client File - File pertains to specific Medical Assistance or potential Medical Assistance clients concerning inquiry, problem resolution, etc. Files are maintained by specific recipient or client name and may include various records, documents, etc. relative to eligibility for MA.

7. Record Series Format(s) List all Paper <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Roll <input type="checkbox"/> Bound Book <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____ Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> CD, DVD, etc <input type="checkbox"/> Floppy Disk	8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume <u>10</u> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number
		10. Annual Accumulation <u>2</u> <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ Number

11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	12. File Becomes Inactive After <u>5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number
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13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, Room SS-10	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/Format: _____
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15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s))	16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent
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17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____	18. Recommended Retention: In Office And in Storage (Each Format) 5 yrs. in office
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19. Name and Title of Preparer Patricia Frey for DES E-mail address: _____	20. Location: Telephone Number: _____ Room #: _____	21. Date 8/15/05
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<p>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 (XLS 410 1) to the DHMH Records 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>DHMH RECORDS INVENTORY</p> <p><i>BSA</i> PAGE 1 ITEM <i>2346</i></p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board BSA <i>OOEP</i></p>		<p>3. Division/Unit or Section Division of Eligibility Waiver Services</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 Active Confidential Client Medical Assistance Records.</p>				<p>5. Earliest Year/Latest Year 1984 to 2005</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.) Documents found in this series are applications for program enrollment, form letters, requested verifications, such as copies of birth certificates, social security cards, insurance policies, bank statements, database, and eligibility systems print-outs, etc.</p>					
<p>7. Record Series Format(s) List all Paper <input type="checkbox"/> Film / tape <input type="checkbox"/> Electronic <input type="checkbox"/> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> 3 1/2" x 5" <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape <input type="checkbox"/> 35mm, etc.) <input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD/DVD, etc <input type="checkbox"/> Card <input checked="" type="checkbox"/> Other (specify) _____</p>			<p>8. Record Series Sequence <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume 14,491 Active Records <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> 69 <input type="checkbox"/> Microfilm Reel(s) Number <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 <input type="checkbox"/> Annually</p>			<p>12. File becomes inactive After 1-15 <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) DEWS 6 St Paul Street Suite 302, 306 & 400 Baltimore, MD 21202</p>			<p>14. Is Record Series duplicated elsewhere? (if yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, Cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>			<p>Baltimore, MD 21202 18. Recommended Retention in Office And in Storage (Each Format) In office <i>Hardcopy 5 yrs - Eled copy - 10 yrs</i></p>		
<p>19. Name and Title of Preparer: Leon Johnson E-mail address: LeJohnson@dhrmh.state.md.ud</p>		<p>20. Location: 6 St Paul Street Suite#302 Telephone Number# 410 767-6626 Room # 302</p>		<p>21. Date 8/11/05</p>	

DCS 550 4 (DHMH Rev. 2002)

B(3)

<p>WH Instructions - Make a list of all files. Determine whether each is non-record, record 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.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p style="text-align: center;">DHMH RECORDS INVENTORY</p> <p style="font-size: 2em; font-weight: bold;">BSA</p> <p style="text-align: right;">PAGE 1 ITEM 3</p>
<p>Department/Agency EPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board OOEP-BSA-KDP</p>	<p>3. Division/Unit or Section Kidney Disease Program</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>Record Series Title KDP Recipient File</p>	<p>5. Earliest Year/Latest Year to</p>	
<p>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>KDP recipient file for each individual KDP beneficiary containing:</p> <ul style="list-style-type: none"> - KDP application - patient invoices from hospitals, physicians, pharmacies, etc. - information charts on patient status - documents necessary to verify income, i.e., income tax statements, Medicare notice of eligibility, wage statements, etc. 		
<p>7. Record Series Format(s) List all</p> <p>Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Roll <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Microfilm <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify)</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD, DVD, etc</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify)</p>	<p>9. Volumes</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p> <p>Number _____</p> <p>10. Annual Accumulation</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>Number _____</p>
<p>11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>6</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) - once inactive/closed</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, Room 55-3 Baltimore, MD 21201</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/Format _____</p>	
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Personal <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>Retain in office - all active cases Retain inactive cases in storage - 6 years</p>	
<p>19. Name and Title of Preparer Patricia Frey for Carol Manning</p> <p>E-mail address: _____</p>	<p>20. Location: 201 W. Preston Street.</p> <p>Telephone Number# 410-767-5004 Room # SS-3</p>	<p>21. Date 8/15/05</p>

BCH

<p>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.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p><i>BSA- Item 4</i></p>
		<p>PAGE <u>1</u> OF <u>1</u></p>

<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board <i>OOEP- BSA</i></p>	<p>3. Division/Unit or Section <i>QC</i> Eligibility Training and Legal Operations</p>
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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>4. Record Series Title <i>QUALITY CONTROL</i></p>	<p>5. Earliest Year/Latest Year ____ to ____</p>
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6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

~~See Form 550-1 for instructions on how to complete this section.~~

Info on case file reviews used for verifying / checking eligibility and claims, monthly reports, etc.

<p>7. Record Series Format(s) List all</p> <p>Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film / tape: <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD, DVD, etc</p> <p><input type="checkbox"/> Card <input checked="" 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</p> <p><input checked="" type="checkbox"/> Other (specify) <u>By County</u></p>	<p>9. Volume</p> <p>4</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 <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p> <p>Number _____</p> <p>When Employee Terminates Employment or Transfers to Another Department</p>
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p>201 W. Preston Street, 1st Floor, Room #115</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>
<p>15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input checked="" type="checkbox"/> Other Social Security Numbers and Log On IDs</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>	<p>18. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p>
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p><i>2 yrs. after completion then 4 y 15 storage</i></p>

<p>19. Name and Title of Preparer <i>Craig Robinson</i> E-mail address: wamena@dhmh.state.md.us</p>	<p>20. Location: 201 W. Preston Street Telephone Number# (410) 767-0516 Room # 115</p>	<p>21. Date July 20, 2005</p>
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<p>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.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p>0000000000000000 BSA - ITEM 5A</p>	
<p>1. Department/Agency EPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board OOE/BSA/DREP</p>		<p>3. Division/Unit or Section On-Line Eligibility</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 Certification/Turnabout Document CARES / MMIS Files</p>				<p>5. Earliest Year/Latest Year 2000 to 2003</p>	
<p>Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Documentation for the purpose of adding or changing MA eligibility or demographics on MMIS-II.</p>					
<p>6. Record Series Format(s) List all</p> <p>Paper: <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/> <input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/Microfiche <input type="checkbox"/> Computer Tape <input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD, DVD, etc <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) <u>none</u></p>		<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____</p> <p><u>30</u> Number</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After <u>3</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) number</p>		<p>10. Annual Accumulation</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>Number _____</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston St., Room SS-7C</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>			
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other (If Yes, cite Law(s) & Regulation(s))</p>		<p>16. Audit Requirements</p> <p><input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>			
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>18. Recommended Retention: In Office And In Storage (Each Format) 2 years in office 4 yrs in Storage</p>			
<p>19. Name and Title of Preparer Paul Scholz, Manager Recipient On-Line Eligibility E-mail address:</p>		<p>20. Location: Telephone Number# 410-767-5378 Room # SS-7C</p>		<p>21. Date 6/12/05</p>	

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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 Record Inventory forms with the proposed Schedule form (GS 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

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BSA - ITEM 5 B

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
OOE/BSA/DREP

3. Division/Unit or Section
Long Term Care/Special Projects

DEFINITION-RECORD SERIES-A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.

Record Series Title
LONG TERM CARE
206C Requests

5. Earliest Year/Latest Year
2000 to 2003

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

Record series consist of 206C Exception Reports (system generated) and 206C Correction Request (manually generated). Documents used to correct spans on the MMIS system for Long Term Care clients because data does not match with spans on CARES system for same client.

Record Series Format(s) List all

Paper: Film / tape: Electronic:

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 Other (specify) _____

8. Record Series Sequence

Alphabetical

Numerical

Chronological

Geographical

Other (specify) _____

9. Volume

12

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

Daily Weekly Monthly Annually

12. File Becomes Inactive After

4 number Month(s) Year(s)

13. Current Location(s) (Bldg., Floor, Room)

201 W. Preston St., Room SS-7C

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)

Yes No Agency/ Format **MMIS & LDSS**

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 No

18. Recommended Retention: In Office And In Storage (Each Format)

Maintain for one **(6)** years then dispose.

+ Audit req.

19. Name and Title of Preparer

Willard Dixon, Manager
Long Term Care/Special Projects Unit
E-mail address:

20. Location:

Telephone Number# **410-767-5379** Room # **SS-7C**

21. Date

6/23/05

B (7)

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

BSA
~~XXXXXXXXXXXX~~
ITEM 5C

1. Department/Agency: **DEPT OF HEALTH & MENTAL HYGIENE**
2. Office/Administration/Board: **OOE/BSA/DREP**
3. Division/Unit or Section: **Buy-In**

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: **Acknowledgement - HMFB-8225**
BUY IN UNIT
etc
5. Earliest Year/Latest Year to prior year/current 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.)
Report from CMS which describes accretion, deletions etc., for billing month.

7. Record Series Format(s) List all:
Paper: Letter Size Legal Size Rolls Bound Book Card
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:
 Alphabetical Numerical Chronological Geographical Other (specify) _____
9. Volume: File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) _____
Number: 1
10. Annual Accumulation:
 File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) _____
Number: 12

11. File is Used: Daily Weekly Monthly Annually
12. File Becomes Inactive After: _____ number Month(s) Year(s)

13. Current Location(s) (Bldg., Floor, Room): **Medicare Buy-In Program**
14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
 Yes No Agency/ Format: ADC

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 No
18. Recommended Retention: In Office And In Storage (Each Format)
~~XXXXXXXXXXXX~~ **6 yrs in office**

19. Name and Title of Preparer: **Janet Smith, Manager Medicare Buy-In Program**
E-mail address: _____
20. Location: Telephone Number# **410-767-5377** Room # **SS-5B**
21. Date: **6/12/05**

B 8

DEPARTMENT OF GENERAL SERVICES
Records Management Division

SCHEDULE
NO. 934

SUPERSEDED BY 0427

PAGE
NO. 1 of 1

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE		Chronically Ill & Aging Admin Kidney Disease Program
AGENCY		DIVISION
Item No.	Description	Retention
1	<p><u>SETTLED INDIVIDUAL PATIENT HISTORY FILE</u></p> <p>Alphabetical arrangement of manila folders containing individual patient invoices from hospitals, physicians, pharmacies; information charts on patient status and documents such as Income Tax Statements, Medicare notice of eligibility, etc.</p>	Retain for five (5) years and/or until all audit requirements have been fulfilled, then destroy.
2	<p><u>GENERAL ADMINISTRATIVE CORRESPONDENCE FILE</u></p> <p>These files contain general correspondence, Kidney Commission material, expense accounts, personnel information, timekeeping records, outpatient invoices from Medical Assistance, Health Education and Welfare Information and hemodialysis information.</p>	Retain for three (3) years and destroy. Directives and other material relating to planning and policy that illustrate the development of the program, retain permanently for eventual transfer to the Hall of Records.
3	<p><u>FEDERAL SSA-1609 and SSA-1483 TRANSMITTALS</u></p> <p>File consists of copies of SSA-1483 forms submitted to the Health Care Financing Administration for home dialysis equipment and supplies. Data on the copies are recorded in a ledger retained in the agency.</p>	Retain for three (3) years and/or until all audit requirements have been fulfilled, then destroy.

Schedule Approved by Department,
Agency, or Division Representative

Schedule Authorized by
Hall of Records Commission

7/26/82 *Gen. [Signature]* *[Signature]*
Date Signature Title

10/11/82 *[Signature]*
Date State Archivist