SCHEDULE NUMBER 2427

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 1 OF 5

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	BENEFICIARY SERVICES – DIRECTOR'S OFFICE 1.1 Medical Assistance Eligibility Case Records Emergency Services for Illegal and Ineligible Aliens					
	1.1A. Active Case Records – including applications for MA emergency services & related documentation 1.1B. Inactive Case Records – including applications for MA Emergency Services & related documentation 1.2 Medical Assistance Eligibility Case Records	 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. 1.1B. Retain in storage for six (6) years, and then destroy. 				
2	Emergency Services for Illegal/Ineligible Aliens 1.2A. Medical Records — including medical approval letters and medical documentation Division of Eligibility Services	1.2A. Retain in office until case is closed or becomes inactive. Place in storage for six (6) years from closed date then destroy.				
	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.	2.1. Retain for five (5) years, then destroy				
	2.2 Medicaid Eligibility Training Files consisting of Data Access Security Forms and Request Memos for Log On IDs	2.2 Retain in office until ID is deactivated. Once inactive, retain in storage for six (6) years, then destroy.				
SIGNA	OVED BY: (DHMH Official) DATE: APR 1 3 2007 TURE: CHARLES LEHMAN, EXECUTIVE DIRECTOR, OOER	SIGNATURE: STATE ARCHIVES)DATE: STATE ARCHIVIST				

DGS 550-1 (DHMH 2002)

SCHEDULE NUMBER

2427

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 2 OF 5

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

2 DIVISION OF ELIGIBILITY WAIVER SERVICES

Description of Records Series

Item

3

2.3 Medical Assistance Waiver Client Records

- 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.
- 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
- KIDNEY DISEASE PROGRAM (KDP)
 - 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.
 - 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.
- 4 QUALIFY CONTROL UNIT

Quality Control Files include information from medical assistance case file reviews used for verifying/checking eligibility and claims, monthly reports, etc.

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.

Authorized Retention Period & Instructions

- 2.3.B. Retain hardcopy for five (5) years then destroy. If scanned, retain electronic version for ten (10) years then destroy.
- 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.
- **3.B.**Retain in storage for **six (6) years** and until all audit requirements are met, then destroy.
- 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.

SCHEDULE NUMBER

2427

PAGE 3 OF 5

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**

DIVISION OF RECIPIENT ELIGIBILITY PROGRAMS (DREP) 5

Authorized Retention Period & Instructions

A. CARES/MMIS Unit

Files include the following documents produced and/or maintained by DREP for the purpose of establishing, deleting or maintaining Medicaid eligibility:

- 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
- 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
- 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

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.

DGS 550-1a [continuation] (DHMH rev. 2002)

SCHEDULE 2427

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 4 OF 5

DEPARTMENT O	OF HEALTH 8	MENTAL	HYGIENE
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OFFICE OF OPERATIONS, ELIGIBILITY & PHARMACY (OOEP) - BENEFICIARY SERVICES ADMINISTRATION (BSA)

Item Description of Records Series

Authorized Retention Period & Instructions

5 DIVISION OF RECIPIENT ELIGIBILITY PROGRAMS (DREP)

B. Long Term Care Unit

The following documents are produced and/or maintained by DREP for the purpose of establishing, deleting or maintaining Medicaid eligibility:

- 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 owner ship" requests for long term care facilities
- LTC Recipient Span Audit Trail

5 B. Retain for six (6) years and until all audit requirements are met, then destroy.

DGS 550-1a [continuation] (DHMH rev. 2002)

SCHEDULE 2427

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 5 OF 5

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 Division of Recipient Eligibility Programs

C. Buy-In Unit

The following documents are produced and/or maintained by DREP for the purpose of establishing, deleting or maintaining Medicaid eligibility

- 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 \$15 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 Verficication 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

5 C. Retain for six (6) years then destroy.

	Ben	Sucs		
IMH Instructions -Make a list of all files. Determine whether each is non-record, record starial or both. Group into Record Series, Prepare a separate inventory form for each scord Series identified. All Record Series are to be listed on a Schedule Form. Forward a scords Inventory forms with the proposed Schedule form. (DGS 550-1) to the DHMH scords Officer thru your Records Coordinator.	STATI 7275	NT OF GENERAL SERVICES E RECORDS CENTER 5 WATERLOO ROAD P.O. BOX 275 UP, MARYLAND 20794 (410) 799-1379	BSA gywy	NECORDS INVENTORY
Department/Agency IEPT OF HEALTH & MENTAL HYGIENE	2. Office/Administration/Boa OFFICE OF OPERATIONS	ind S. EUGIBILITY & PHARMACY S. CATON'S AFFICE	3. Division/Unit or Section BENEFICIARY SERVI ADMINISTRATIVE UN	CES ADMINISTRATION
EFINMON - RECORD SERIES - A group of related records normally filed and used as a	a unit for reference as well as retard	ion and disposition purposes.	· · · · · · · · · · · · · · · · · · ·	
Record Series Title MA ELIGIBILITY CASE RECORDS			5, Earliest Year/Latest	of Bar
Record Series Description (Briefly describe the types of information/documents/forms to		A - (" - A - (')))))))))))))))))))))))))))))))		
Emergency Services for Illegal and Ineligible Aliens ca 1. The medical approval letters for all cases except ALS ESRD (kept on-site for a minimum of 2 yrs.) 2. All ALS, AIDS/HIV, ESRD medical approval letters (in 3. Medical documentation on denied cases (need to be individuals have 90 days).	S, AIDS/HIV, and need to be kept on-site		Hospitals have 2 ye	ears to file an appeal,
		•		
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Record Series Format(s) List all	8. Record Series Sequent	C8	9. Volume	,
Paper. Film / tape: Electronic: Chetter Size	☐ Alphabetical		1	File Drawer(s) Microfilm Reek(s)
(35mm, etc.)		•	1	Computer Tape(s)
□ Legal Size □ Microfilm/ □ Computer Tape Microfiche	☐ Numerical		Number □	Other (specify)
☐ Rolls' ☐ Audio Tape ☐ Roppy Desk	G Chronological		10, Annual Accumula	tion
			}	File Drawer(s)
☐ Bound Book ☐ Video Tape ☐ CD,0VD,etc	G Geographical		i	Microfilm Rael(s) Computer Tape(s)
□ Cardx □ Other (specify)	□ Other (specify)		Number 🗆	Other (specify)
11 File is Used of Deely Weekly Monthly C Annually		12. File Becomes Inactive After 6 Number	Month(s)	
13. Current Location(s) (Bldg., Floor, Room) O Conor Bldg., Service Level, Room SS-3		14. ta Record Series Duplicated Eleawhere		offica.)
15. Privacy / Access Restrictions Ves \(\text{No} \) \[\text{VPersonal of Medical } \(\text{Proprietary} \) \[\text{Classified } \(\text{DOther} \) \[\text{(N Yes, cite Law(s) & Regulation(s)} \)		16. Audit Requirements C None		
17. Is an Index System used? If yes, explain briefly and describe requirements		18. Recommended Retardion: in Office And Keep 6 Yrs. often	d in Storage (Each Format	n storage
	0. Location: O'Conor Bid	ig.	21	. Data 7/19/05
Deborah James (for Dee Spanos) E-mai address: jamesde@dhmh.state.md.us	Telephone Number# 767-10	92 Room # L-9		

<u>D</u> .		
WH Instructions -Make a fist of all files. Determine whether each is non-record, record pariel or both. Group into Record Series. Prepare a separate inventory form for each cord Series Identified. All Record Series are to be listed on a Schedule Form. Forward all pords Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH bords Officer thru your Records Coordinator.	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. 80X 275 JESSUP, MARYLAND 20794 (410) 799-1379	BSK MM 1TEM 2.1
Department/Agency EPT OF HEALTH & MENTAL HYGIENE ENTITION - RECORD SERIES - A group of rokated records normally filed and used as a un-	2. Office/Administration/Board 00EP-BSA If for reference as well as retarition and disposition purposes.	3. Division Unit or Section Division of Eligibility Service (DES)
Record Series Title DES Client File		5. Eerleat Yeer/Latest Yeer to
TES Chent File - File pertain Medical Assistance chints co Files are maintained by Sp Include various records for MA.	ncerning ingulay, Di vecific recipiend or	Oblem resolution, etc. Client name and may
Record Series Format(s) List all Paper Film I tape: Electronic: Dicetter Size Film/Sides Kept on Hard Drive (35mm, etc) Legal Size Microfilm Computer Tape Microfilm Audio Tape Floppy Dick Bound Book Video Tape CD, DVD, etc	8. Record Series Sequence D Alphabetical Numerical Chronological	9. Volume Co File Drawer(s) Microfilm Reek(s) Computer Tape(s) Number Other (specify) 10. Annuel Accumutation File Drawer(s) Microfilm Reek(s) Computer Tape(s)
□ Cardx □ Other (specify) 11. File is Used □ Daily □ Weakty □ Monthly □ Annually	C Other (specify)	Number © Other (specify)
13. Current Location(*) (Bldg., Floor, Room) 201 W. Preston Street, Room SS	·10 0 400 00 NO	Number Desr(s) ted Elsewhere? (If yes, specify agency or office.) Agencyl Format
15. Privacy / Access Bestrictions	· .	n: In Office And In Storage (Each Formet)
Patricia Frey for DES	ocation: tephone Number# Room#	21. Deta 8/15/05

Eax from : 4105285129

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<u>DHMI Instructions</u> Make a list of all files. Determine whether each is non-record material or both. Group into Record Series. Prepare a separate live form for each Record Series are to be listed of closely a Form. Forward all Records involvory forms with the proposed Storm (XXS 1200-1) to the DHMH Records Officer thru your Records Coord	entory 51 on a 7 ichedule 7	MENT OF GENERAL SHRVKEN IATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SIPI, MARYLAND 20794 (410) 793 1379	B5A PAGE	H RECORDS	INVENTORY TEMPLEAGE			
1. Department/Agency DEPT OF HEALTH & MENTAL MYGIENE	2. Office/Administrate BSA 00 E	2. Office/Administration/Boa/d			3. Division/Unit or Section Division of Eligibility Walver Services			
DESINGTION RECORD SERIES - A group of related records normally filed:	DEFINITION RECORD SFRIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes							
4 Record Series Table Active Confideratial Client Medical Assistance Rec		5. tathest Year/L 1984 TO						
6. Record Sever Description (Briefly describe the types of information/do Documents found in this series are applications f social security cards, insurance policies, bank sta	form letters, requested verifica	tions, such as	copies of i	oirth certificates,				
					,			
7. Record Series Format(s) List all laper List all lape	8. Record Series Seque Alphabetical 1. Numerical 1. Chronological 2. Geographical 2. Other (specify)	·	9. Volume 14,4 69 Number 10. Annual Accur 69 Number	File Drawer T. Microfilm I Computer T. Uther (speci	(s) uncl(s) up (s) (ly) (s) uncl(s) up (s)			
1). file is Used Duily 1 Weekly I Monthly T Annually	,	JZ. File Becomes Inschive After 1–15 Numb	F Month(s)					
13. Cuttent Location(s) (Bidg., Floor, Room) DEWS 6 St Paul Street Suite 302, 306 & 400 Baltimore, MD 21202	14 is Record Series Displicated Elsewheire I' Yes • No Agency/ For	(If yes, specify age	siky or office.)					
15. Privacy / Access Restrictions 1 Personal Medical F Proprietary T Classified Trither	16. Audit Requirements 1. None		OIG Idependent					
17. Is an Index System used? If yes, explain briefly and describe requirements F. Yes. No		Bahimore, MD 21202 18. Recommended Retention for Office At In Office Hard Copy 5	nd tin Sturage (Each — Elect O	Formaci Py - /	Dyrs			
19. Name and Title of Preparer Leon Johnson	20. Location: 6 St Paul	Street Suite#302	l ₋). Date				
. t-mail address Lejohnson@dhmh.state,md.ud	# 410 767-6626	. *	3/11/05					

DCS 550 4 (DHMH Rev. 2002)

						
WH Instructions Make a fist of all files. Determine whether each is non-record, record anial or both. Group into Record Series. Prepare a separate inventory form for each cord Series identified. All Record Series are to be listed on a Schedule Form. Forward all cords inventory forms with the proposed Schedule form. (DGS 550-1) to the DHMH cords 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		DSA PAGE	MH RECORDS IN	ITEM	3
Department/Apency EPT OF HEALTH & MENTAL HYGIENE	2. Office/Administration/Box	SA-KDP	3. Division/Unit or Kidn	saction ey DISE	rase Pre	gram
FINITION - RECORD SERIES - A group of related records normally filed and used as a unit	for reference se well as retant	ion and daposition purposes.				
Record Series Title KDP Recipient File			5, Earliest Year/L	alosi Year		
Record Series Description (Briefly describe the types of information/documentationns found	in the earlier. Inchese the name	nes or 6 exchan of the engine \				
- KDP application - patient invoices from Mospi - information charts on patien - documents necessary tover Medicare notice of eligibility	e, i.e., income	tax sta		i		
7. Record Series Format(s) List all Paper: Firm / tepe: Electronic: Section Size Firm/Sides Kept on Hard Drive (35mm, etc) Legal Size Microfirm/ Computer Tape	8. Record Series Sequent Alphabetical	8 File Dray Microfirm Computer		File Drawer(s) Microfilm Reel(s) Computer Tepe(
Microfiche D Rolls D Audio Tepe D Floppy Disk D Bound Book D Video Tepe D CD, DVD, etc D Card D Other (specify)	Chronological Geographical Other (specify)		10. Annual Accumulation File Drawer(s) Microfilm Real(s) Computer Tape(s) Number Other (specify)			
11. File is Used Daily Wookly Monthly Annually		12. File Becomes Inactive After Numb	Obst Month(s)	onu in	active l	closed
13. Current Location(s) (Bidg., Floor, Room) Street, Room S. Baltimore, MD 21201	s-3 	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)				
15. Privacy / Access Restrictions Yes No Personal Bi Medical Diroprietary Classified Other (If Yes, cite Law(s) & Regulation(s)		16. Audit Requirements None Internal OIG				
17. Is an Index System used? If yes, explain briefly and describe requirements □ Yes No		18. Rocommended Relambor: In Office Retain in 0 His Retain inactive	e-all al	ctime Cas	ses e -6 ye	ars
Palmini. Trans Go Carol Mannie	Preston Street: -5004 -5004		21. Data 8/15	105	/	
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httMH instructions -Make a list of all files. Determine whether each is non-record, scord material or both. Group into Record Series. Prepare a separate inventory form or 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 50-1) to the DHMH Records Officer thru your Records Coordinator.	STATE 7275 Jessu	IT OF GENERAL SERVICES RECORDS CENTER WATERLOO ROAD P.O. BOX 275 P. MARYLAND 20794 (410) 799-1379	BSA- Item 4		
I. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group of related records normally filed and used as	2. Office/Administration/Bo	54	3. Division/Unit or Section C. Eligibility Training and Least Connections		
4. Record Series Title QUALITY CONT		я технион ана изровной ригрозез.	5. Earliest Year/Latest Year _1999 to _ 2005		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series.) Society to me and classes file years ease asid for very figure / checking eligibility and classes, wonthly reports, etc.					
7. Record Series Format(s) List all Paper: Film / tape: Electronic: X Letter Size Fitm/Slides Kept on Hard Drive (35mm, etc) Legal Size Microfilm Computer Tape Microfiche Rolls Audio Tape Floppy Disk Bound Book Video Tape CD,DVD,etc Cardx Other (specify)	8. Record Series Sequen Aphabetical Numerical Chronological Geographical X Other (specify)		9. Volume 4 File Drawer(e)		
11. File is Used X Daily Weekly Monthly Annually		12. File Becomes Inactive After Sumber When Employee Terminates Employment	Mogdin(a) er		
13. Current Location(s) (Bidg., Floor, Room) 201 W. Preston Street, 1* Floor, Room #115		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)			
15. Privacy / Access Restrictions X Yes	umbers and Log On	16. Audit Requirements X None ☐ Legistative	□ Internel □ OIG □ Federal □ Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements ☐ Yes X No		18. Recommended Retention: In Office A	And In Storage (Effeth Format) Community Thus 4415 5to		
All the Care Grosson Supervisor	ation: 201 W. Preston Street		21. Date July 20, 2005		

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IMH Instructions - Make a list of all files. DHMH RECORDS INVENTORY stermine Whether each is non-record, record sterial or both. Group into Record Series. DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER regare a separate inventory form for each Record sries identified. All Record Series are to be 7275 WATERLOO ROAD P. O. BOX 275 isted on a Schedule Form. Forward all Records JESSUP, MARYLAND 20794 nventory forms with the proposed Schedule form DGS 550-1) to the DHMH Records Officer thru your (410) 799-1379 ecords Coordinator. 2. Office/Administration/Board Department/Agency 3. Division/Unit or Section EPT OF HEALTH & MENTAL HYGIENE OOE/BSA/DREP On-Line Eligibility EFINITION-RECORD SERIES-A group of related records normally filed and used as a unit for reference as well as retention and disposition urposes. . Record Series Title 5 /MMIS Felis 5. Earliest Year/Latest Year 2000 to 2003 Certification/Turnabout Document . Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or unction of the series.) Documentation for the purpose of adding or changing MA eligibility or demographics on MMIS-II. '. Record Series Format(s) 8. Record Series Sequence 9. Volume Film / tape: Paper: Electronic: File Drawer(s) Letter Size Γ Film/Slides Γ Kept on Hard Drive Alphabetical Microfilm Reel(s) (35mm, etc) 30 Computer Tape(s) I Microfilm/ Γ Computer Tape Legal Size Numerical Other (specify) Number Microfiche Rolls ___ Γ Audio Tape Γ Floppy Disk Chronological 10. Annual Accumulation File Drawer(s) Γ ? Bound Book | I' Video Tape Γ CD, DVD, etc Geographical Microfilm Reel(s) Computer Tape(s) T Card ____ T Other (specify)_ Other (specify) <u>none</u> Other (specify) 11. File is Used T Weekly File Becomes Inactive After Γ Daily Γ Annually Γ Monthly _3_ Γ Month(s) √ Year (s) **wumber** 13. Current Location(s) (Bldg., Floor, Room) is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) 201 W. Preston St., Room SS-7C √ No Agency/ Format_ 15. Privacy / Access Restrictions Audit Requirements Γ Personal Γ Medical Γ Proprietary Γ Classified Γ Other None Γ internal T OIG

√ Legislative

√ Federal

Room # SS-7C

ayears in office

Γ Independent

21. Date

6/12/03

4 415 in Storage

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

E-mail address: 3S 550-4 (DHMH Rev. 2002)

requirements

_ (If Yes, cite Law(s) & Regulation(s)

Yes

Г

Name and Title of Preparer

Recipient On-Line Eligibility

Paul Scholz, Manager

17. Is an Index System used? If yes, explain briefly and describe

√ No

20. Location;

Telephone Number# 410-767-5378



AH Instructions - Make a list of all files. DHMH RECORDS INVENTORY termine whether each is non-record, record DEPARTMENT OF GENERAL SERVICES terial or both. Group into Record Series. STATE RECORDS CENTER spare a separate inventory form for each Record PAGE _1__ OF __16__ 7275 WATERLOO ROAD ries identified. All Record Series are to be P.O. BOX 275 JESSUP, MARYLAND 20794 sted on a Schedule Form. Forward all Records ventory forms with the proposed Schedule form (410) 799-1379 GS 550-1) to the DHMH Records Officer thru your cords Coordinator. 2. Office/Administration/Board Department/Agency 3. Division/Unit or Section PT OF HEALTH & MENTAL HYGIENE OOE/BSA/DREP Long Term Care/Special Projects FINITION-RECORD SERIES-A group of related records normally filed and used as a unit for reference as well as retention and disposition rposes. Record Series Title 5. Earliest Year/Latest Year ONG TERM CARE 2000 to 2003 206C Requests Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or inction of the series.) tecord series consist of 206C Exception Reports (system generated) and 206C Correction Request (manually generated). Documents used to orrect 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) 8. Record Series Sequence 9. Volume Film / tape: Electronic: le Drawer(s) Letter Size Γ Film/Slides Γ Kept on Hard Drive Alphabetical Microfilm Reel(s) (35mm, etc) Computer Tape(s) Legal Size Γ Microfilm/ Γ Computer Tape Numerical Number Other (specify) Microfiche Rolls ___ I Audio Tape Γ Floppy Disk Chronological 10. Annual Accumulation File Drawer(s) Γ Bound Book Γ Video Tape I CD, DVD, etc Geographical Microfilm Ree! (s) г Computer Tape(s) Γ Other (specify) Other (specify) Other (specify) Number Fileris Used File Becomes Inactive After Γ√Daily √ Weekly T Monthly Γ Annually Γ Month(s) 13. Current Location(s) (Bldg., Floor, Room) is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) 201 W. Preston St., Room SS-7C Yes Agency/ Format_ MMIS & LDSS 15. Privacy / Access Restrictions Γ Audit Requirements √ None Γ Internal Γ Personal Γ Medical Γ Proprietary Γ Classified Γ Other (If Yes, cite Law(s) & Regulation(s) Γ Legislative T Federal Independent Recommended Retention: In Office And In Storage (Each Format) 17. Is an Index System used? If yes, explain briefly and describe

Maintain for one (years then dispose.

Room # SS-7C

21. Date

6/23/0 🕰

requirements

E-mail address: 3S 550-4 (DHMH Rev. 2002)

19. Name and Title of Preparer

Willard Dixon, Manager

Γ

Long Term Care/Special Projects Unit

Yes

√ No

20. Location:

Telephone Number# 410-767-5379

B(Y)

•			
DHMM 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 DHMM Records Officer thru your Records Coordinator.	STATE 7275 P JESSUP (4	OF GENERAL SERVICES RECORDS CENTER WATERLOO ROAD .O. BOX 275 . MARYLAND 20794	BSA 1 TEM 5 C
1. Department/Agency	2. Office/Admin	istration/Board	3. Division/Unit or Section
DEPT OF HEALTH & MENTAL HYGIENE	OOE/BSA/D	REP	Buy-In
DEFINITION-RECORD SERIES-A group of related records	normally filed and	used as a unit for referen	ce as well as retention and disposition
purposes. 4. Record Series Title	MUNIT	 -	5. Earliest Year/Latest Year
Acknowledgement - HMFB-8225	~ UNII	•	to
Acknowledgement - High B-0223 / LTC		•	prior year/current year
6. Record Series Description (Briefly describe the transfer of the series.) Report from CMS which describes accretion, deletion			he series. Include the purpose or
	·		
			
7. Record Series Format(s) Paper: Film / tape: Electronic: V Letter Size Γ Film/Slides Γ Kept on Hard Driv (35mm, etc) Γ Legal Size Γ Microfilm/ Γ Computer Tape Microfiche Γ Rolls Γ Audio Tape Γ Floppy Disk	Γ Numer	betical	9. Volume √ File Drawer(s) Γ Microfilm Reel(s) 1 Γ Computer Tape(s) Number Γ Other (specify)
I Add to Tape I I Toppy Disk	, on on	io rogresi	10. Annual Accumulation √ File Drawer(s)
Γ Bound Book Γ Video Tape Γ CD, DVD, etc	Γ Geogr	aphical	Γ Microfilm Reel(s)
Γ Card Γ Other (specify)	Γ Other	(specify)	12 Γ Computer Tape(s) Number Γ Other (specify)
11. File is Used Г Daily Г Weekly Г Monthly	Γ Annually	12. File Becomes Inactiv Γ Mo	ve After nth(s)
13. Current Location(s) (Bldg., Floor, Roo Medicare Buy-In Program	яп)	14. Is Record Series Dup agency or office.) √ Yes Γ No	Olicated Elsewhere? (If yes, specify Agency/ Format_ADC
15. Privacy / Access Restrictions Γ Yes Γ	No		
Γ Personal Γ Medical Γ Proprietary Γ Classi (If Yes, cite Law(s) & Regulation(s)			rternal Γ OIG Federal Γ Independent
17. Is an Index System used? If yes, explain br requirements Γ Yes Γ No	iefly and describe	18. Recommended Retenti	on: In Office And In Storage (Each Format)
19. Name and Title of Preparer 20	0. Location:	<u> </u>	
Janet Smith, Manager Medicare Buy-In Program E-mail address:	Telephone Number#	410-767-5377 Room #	SS-5B 21. Date 6/12/0

DGS 550-4 (DHMH Rev. 2002)

DGS-550-1 REV. 6/78

DEPARTMENT OF GENERAL SERVICES Records Management Division

SUPERSECEO BY 8427

SCHEDULE NO.

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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	SETTIED INDIVIDUAL PATIENT HISTORY FILE	
	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.	
2	GENERAL ADMINISTRATIVE CORRESPONDENCE FILE	
	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.	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	FEDERAL SSA-1609 and SSA-1483 TRANSMITTALS	
	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.	Retain for three (3) years and/or until all audit requirements have been fulfilled, then destroy.
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Schedule Approved by Department, Agency, or Division Representative Schedule Authorized by Hall of Records Commission

Dote Signature Title

10/11/92 Scarger

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