

## RECORDS RETENTION AND DISPOSAL SCHEDULE

## DEPARTMENT OF HEALTH &amp; MENTAL HYGIENE

## OFFICE OF OPERATIONS, ELIGIBILITY &amp; PHARMACY (OOEP) -- MARYLAND PHARMACY PROGRAM (MPP)

THIS SCHEDULE SUPERSEDES SCHEDULE 1201

Item	Title and Description or Contents of Records Series	Authorized Retention Period & Instructions
1	<p><b><u>PHARMACY SERVICES DIVISION</u></b></p> <p>A. Paid Pharmacy Claims</p> <p>B. Pharmacy Preauthorization Records</p>	<p><b>1A-B.</b> Retain files for <b>six (6) years</b> and until all audit requirements are met, then destroy.</p>
2	<p><b><u>PHARMACY ELIGIBILITY SERVICES DIVISION</u></b></p> <p>A. Maryland Pharmacy Program - Active Recipient / Open Case Files including:</p> <ul style="list-style-type: none"> <li>• MPP Application</li> <li>• Wage stubs</li> <li>• Bank Statements</li> <li>• Award letter from SSA</li> <li>• Copy of Social Security Card</li> <li>• Alien Registration Card (if non-citizen)</li> <li>• Marital Status verification (marriage certificate, separation agreement, divorce decree)</li> </ul> <p>B. Maryland Pharmacy Program Inactive Recipient / Closed Case Files</p>	<p><b>2A.</b> Scan hardcopy and validate. Retain hardcopy for <b>one (1) year</b> and then destroy. Retain electronic version and a backup copy for <b>ten (10) years</b>, then destroy.</p> <p><b>2B.</b> Retain files in office for <b>two (2) years</b> after closing date, then transfer to State Records Center for <b>four (4) years</b>, and then destroy.</p>

APPROVED BY: (DHMH Official) DATE: **APR 13 2007**AUTHORIZED BY: (STATE ARCHIVES) DATE: *25 May 07*

SIGNATURE:

*Charles C. Lehman pf*Name/Title: **CHARLES LEHMAN, EXECUTIVE DIRECTOR, OOEP**

SIGNATURE:

*Edward C. Papenfuse Jr*Name/Title: **EDWARD C PAPENFUSE, JR., STATE ARCHIVIST**

# Pharmacy

<p><b>DHMH Instructions</b> - 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) 789-1379</p>		<p><b>DHMH RECORDS INVENTORY</b></p> <p style="font-size: 2em; font-weight: bold;">1A</p> <p>PAGE 1 OF 3</p>	
1. Department/Agency		2. Office/Administration/Board		3. Division/Unit or Section	
DEPT OF HEALTH & MENTAL HYGIENE		Office of Operations, Eligibility & Pharmacy MD Pharmacy Program		Pharmacy Services Division	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title				5. Earliest Year/Latest Year	
Paid Pharmacy Claims				_____ 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.)					
This series contains paid pharmacy claims submitted by providers in order to be paid for Point of Sale pharmacy services (i.e., Blood factors, Home IV, compounded Rx's.					
7. Record Series Format(s) List all		8. Record Series Sequence		9. Volume	
Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Bound Book <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____ Film / tape: <input type="checkbox"/> 35mm, etc <input type="checkbox"/> Microfilm/ Microfiche <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> CD, DVD, etc Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD, DVD, etc		<input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ 4 Number	
				10. Annual Accumulation	
				<input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____ 3 Number	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually			12. File Becomes Inactive After <u>6</u> <sup>9</sup> <input checked="" type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room)			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)		
201 W. Preston Street, 4 <sup>th</sup> floor, Rm. 409			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			18. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG		
X Personal X Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & Regulation(s)) HIPAA			<input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements			18. Recommended Retention: In Office And in Storage (Each Format)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			6 years		
19. Name and Title of Preparer		20. Location:		21. Date	
Angle Chavis		201 W. Preston Street		8/5/05	
E-mail address: ChavisA@dohmh.state.md.us		Telephone Number# (410) 767-5875 Room # 408			

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<p><b>DHMH Instructions</b> - 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 20784 (410) 799-1379</p>	<p><b>DHMH RECORDS INVENTORY</b></p> <p style="font-size: 2em; margin: 0;">1B</p> <p style="font-size: 1.5em; margin: 0;">PAGE <u>2</u> OF <u>3</u></p>
1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b>	2. Office/Administration/Board <b>Office of Operations, Eligibility &amp; Pharmacy MD Pharmacy Program</b>	3. Division/Unit or Section <b>Pharmacy Services Division</b>

**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 <b>Pharmacy Pre-Authorization Records</b>	5. Earliest Year/Latest Year _____ to _____
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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.)

This series contains records for recipients who require prior authorization for certain requested medication. Each individual file contains a copy of the recipient's Medical Assistance eligibility record, a letter from the prescribing doctor documenting the medical necessity, a copy of the approved pre-authorization and any other supportive documentation.

<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"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card</p> <p>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) _____</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 type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><u>10</u> Number</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> <hr/> <p>10. Annual Accumulation</p> <p><u>2</u> Number</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>
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11. File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	12. File Becomes Inactive After <u>6</u> Month(s) Number X Year(s)
13. Current Location(s) (Bldg., Floor, Room) <b>201 W. Preston Street, 4<sup>th</sup> floor, Rm. 409</b>	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/Format _____
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)) <b>HIPAA</b>	16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent
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) <b>6</b> years

19. Name and Title of Preparer: <b>Angie Chavis</b>	20. Location: <b>201 W. Preston Street</b>	21. Date: <b>8/5/05</b>
E-mail address: <b>ChavisA@dnhm.state.md.us</b>	Telephone Number: <b>(410) 787-5875</b>	Room # <b>408</b>

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<p><b>DHMH Instructions</b> - 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 style="font-size: 2em; font-weight: bold;">2 A+B</p> <p>PAGE <u>3</u> OF <u>3</u></p>	
<p>1. Department/Agency <b>DEPT OF HEALTH &amp; MENTAL HYGIENE</b></p>		<p>2. Office/Administration/Board <b>Office of Operations, Eligibility and Pharmacy</b></p>		<p>3. Division/Unit or Section <b>Maryland Pharmacy Program</b></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 <b>MPP Applications</b></p>				<p>5. Earliest Year/Latest Year 1/2004 to 12/2004</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>Could include but not limited to:                  MPP Application                  Wage Stubs                  Bank Statements                  Award Letter from Social Security Administration                  Copy of Social Security Card                  Alien Registration Card (if not citizen)                  Marital Status (marriage certificate, separation agreement, divorce decree)</p>					
<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"/> Rolls <input type="checkbox"/> Sound Book <input type="checkbox"/> Card</p> <p>Film / tape: <input type="checkbox"/> 35mm, etc <input type="checkbox"/> Microfilm/Microfiche <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"/> Audio Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD, DVD, etc</p>			<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input checked="" type="checkbox"/> Other (specify) <u>daily</u></p>		<p>9. Volume</p> <p><u>81</u> Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) Storage Boxes</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>5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) Montgomery Park, 1800 Washington Blvd., Room 420, Baltimore, MD 21230</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 checked="" type="checkbox"/> No <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) &amp; Regulation(s))</p>			<p>16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> Internal <input checked="" 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>18. Recommended Retention: <u>Active - 1 yr after scan &amp; copy, 10 yrs</u> <u>Close 2 years in office - 4 yrs in storage</u> Office and in Storage (Each Format)</p>		
<p>19. Name and Title of Preparer Carlene Burkhardt, Office Secretary III E-mail address: dburkhardt@dnhm.state.md.us</p>		<p>20. Location: 1800 Washington Blvd., Suite, 420, Baltimore, MD 21230 Telephone Number# 443-263-7031 Room # 420</p>		<p>21. Date: August 12, 2005</p>	

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Superseded By 0426

DOS-850-1  
REV. 6/78

DEPARTMENT OF GENERAL SERVICES  
Records Management Division

SCHEDULE  
NO. 1201

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NO. 1 of 1

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - MEDICAL CARE OPERATIONS ADMINISTRATION  
PROGRAMS & LIAISON DIVISION - MARYLAND PHARMACY ASSISTANCE PROGRAM (MPAP)

Item No.	Description	Retention
1.	<p><u>Eligibility Case Records:</u></p> <p>As a minimum, all files in this category contain a DHMH Form 2794 (MPAP) Application) for each year of application. In addition, the file may contain one or more of the following forms and documents used in processing each application as required:</p> <ul style="list-style-type: none"> <li>o DHMH Forms: 63, 1092, 3008, 3447, 3778, 4026, and 4027.</li> <li>o MPAP Forms: Request for Additional Information, Notification of Certification, Alien Information, Fraud Statement, Notice of Extended Benefits, Requests for Rental Income Information.</li> <li>o Internal Revenue Service Forms: 1040, 1040A and W2</li> <li>o Maryland State Income Tax Return Form 503</li> <li>o Social Security Administration Forms: 2458 and 4927SM</li> <li>o Veteran's Administration Form: 21-8332A-1</li> <li>o Railroad Retirement System Benefit Letter</li> <li>o Civil Service Commission Annuity Card</li> <li>o MPAP Forms: Transmittal of Appeal Documents and Brief of Appellee Case Summary.</li> <li>o Applicant's request for an appeal hearing.</li> <li>o (As Appropriate): Notice of Hearing Reschedules Notices of Hearing Determinations Notice of Applicant's Withdrawal of Appeal Notice of Failure of Applicant to Appear for Hearing.</li> <li>o Memo of Referral-Subject: Request for Field Investigation and (When received) Medical Care Compliance Administration Letter: Results of Field Investigation.</li> </ul>	<p>1.) Eligibility Case Records with no record/conviction of fraud/theft Destroy after Three (3) Years</p> <p>2.) Eligibility Case Records with a record/conviction of fraud resulting in a misdemeanor Destroy after Five (5) Years</p>
2.	<p><u>General Correspondence:</u></p> <ul style="list-style-type: none"> <li>o Miscellaneous correspondence received by the Maryland Pharmacy Assistance Program</li> <li>o Copies of MPAP correspondence dispatched</li> <li>o Program-generated studies</li> <li>o Projections of enrollment increases</li> <li>o Financial expenditures and program operating costs</li> <li>o Proposed legislative and regulatory changes.</li> </ul>	<p>Review files periodically</p> <p>Destroy material when obsolete</p>

Schedule Approved by Department,  
Agency, or Division Representative

Schedule Authorized by  
Hall of Records Commission

8/1/89 Joseph E. Davis MCOA ADMINISTRATOR  
Date Signature Title

8/28/89 [Signature] State Archivist  
Date