

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE

OFFICE OF OPERATIONS, ELIGIBILITY & PHARMACY (OEP)-SYSTEMS AND OPERATIONS ADMINISTRATION (SOA)

THIS SCHEDULE SUPERSEDES OLD SCHEDULES 1495, 1624, AND 1624A1.

Item	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
1	<p><u>SYSTEMS AND LIAISON SERVICES DIVISION</u></p> <p>The following forms are used to enable and control changes to the MMIS-II system:</p> <ul style="list-style-type: none"> • Miscellaneous Service Request (ServReq – Suspense Release Transaction Request) • AdHoc Report Request (AdHoc) • Customer Service Request Form (CSR) • Miscellaneous Service Request (ServReq – Mass Adjustment) • Production Migration Form (Migration) • Production Investigation Review Form (PIR) • Submitter Identification Form (SIF) 	<p>1. Retain in office for five (5) years, and then destroy.</p>
2	<p><u>DIVISION OF RECOVERIES AND FINANCIAL SERVICES</u></p> <p><u>2.1. EXECUTIVE / ADMINISTRATIVE UNIT</u></p> <p>A. Managed Care Organization (MCO) Audits</p> <p>(1) Administrative Transmittals includes:</p> <ul style="list-style-type: none"> • Incoming and Outgoing Correspondence • E-mails • Memoranda, etc. <p>(2) MCO Reporting includes Quarterly & Year End Summary Reports</p> <p>(3) MCO Audits includes:</p> <ul style="list-style-type: none"> • MCO TPL Policies and Procedures • Provider and Recipient Fraud Policies and Procedures • Recipient Case Files • Fraud Case Documents • Annual MCO Reports. 	<p>2.1A. Retain in office for six (6) years, and then destroy.</p>

APPROVED BY: (DHMH Official) DATE: JUL 17 2007

SIGNATURE: 

NAME/TITLE: CHARLES LEHMAN, EXECUTIVE DIRECTOR, OOEP

AUTHORIZED BY: (STATE ARCHIVES) DATE: 31 Aug 07

SIGNATURE: 

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

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE

OFFICE OF OPERATIONS, ELIGIBILITY & PHARMACY (OoEP)- SYSTEMS AND OPERATIONS ADMINISTRATION (SOA)

Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
2	<p><u>DIVISION OF RECOVERIES AND FINANCIAL SERVICES:</u></p> <p><u>2.2. LEGAL ADMINISTRATION – ESTATES AND LIENS UNIT</u></p> <p>D. General Correspondence & Administrative Files Material related to the Estates & Liens Unit of the Division of Recoveries and Financial Services including:</p> <ul style="list-style-type: none"> • Original incoming letters • Copies of outgoing letters • Memoranda • Studies • Reports • Directives • Policies, etc. <p><u>2.3 LEGAL ADMINISTRATION – LEGAL LIABILITIES UNIT</u></p> <p>A. Closed Medical Assistance Tort Case Files – Files include closed cases initiated as a result of accident or injury and are closed with or without Payment of subrogated claims.</p> <p>B. Closed Medical Assistance Fraud Case Files – Files include cases of recipients who fraudulently received Medical Assistance and were closed with or without reimbursement of Program expenditures.</p> <p>C. Closed Medical Assistance Resource Case Files Files include overpayments due to excess resources of nursing home residents that were closed with or without reimbursement of Program expenditures.</p> <p>D. Closed Medical Assistance Paternity Case Files Files include court-ordered payments of birth costs from obligors that were closed with or without reimbursement of Program expenditures.</p> <p>E. Case Record Audit Trails – This file includes reports, which list all types of Legal Liabilities Unit activities and closed cases.</p>	<p>2.2D. Directives, policies and other material I related to the planning, policy and development of the Estates and Liens Unit should be retained permanently for eventual transfer to the Maryland State Archives.</p> <p>All other records, retain in office for two (2) years, then transfer to State Records Center for four (4) years and then destroy.</p> <p>2.3A-E. Retain files in office for two (2) years, then transfer to the State Records Center for four (4) years and then destroy.</p>

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Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
2	<p><u>DIVISION OF RECOVERIES AND FINANCIAL SERVICES</u></p> <p><u>2.4 THIRD PARTY LIABILITY (TPL) COORDINATION UNIT</u></p> <p>A. Cash Desk Files consist of copies of all reimbursements received, i.e. daily logs, master check logs and general accounting receipts.</p> <p>B. Refunds consist of documents identifying refunds issued to providers, attorneys, recipients and insurance companies.</p> <p>C. Certified Receipts – Files consist of all checks returned, i.e., non-negotiable</p> <p>D. Adjustments – Files consist of reimbursements processed through the MMIS-II System</p> <p>E. Provider/Provider Fraud Closed Cases Files consist of cases with monies collected, waived, and write-offs</p> <p>F. Transfer Reports consists of all documentation instructing General Accounting to transfer funds to various holding accounts.</p> <p><u>2.5 INSURANCE SECTION:</u></p> <p>A. Closed Insurance Claim Folders – Files consist of claim action sheets, Retroactive Follow-up reports, UB92s and HCFA 1500s, C10s and C20s, claim action sheets, photocopies of payment checks, Third Party Payor Response Forms and various correspondence from the Insurance Section, the TPL Coordination Unit, the insurers, the providers of service and/or the Central Collection Unit.</p> <p>B. Medical Assistance (Active and Inactive Insurance) Case Folders Files consist of validation action sheets, various Insurance reporting forms, insurance validation forms, copies of screen prints, and various correspondence from the Insurance Section, recipients, providers of service, insurance carriers, unions and/or employers.</p>	<p>2.4A-F. Retain TPL records in office for three (3) years, then transfer to the State Records Center for three (3) years, and then destroy.</p> <p>2.5A. Retain in office for two (2) years, then transfer to the State Records Center for four (4) years and then destroy.</p> <p>2.5B. Retain active files until case is closed (i.e. becomes inactive). Retain inactive files in office for two (2) years, then transfer to the State Records Center for four (4) years and then destroy.</p>

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Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
2	<p><u>Division of Recoveries and Financial Services: cont'd</u></p> <p>2.5 INSURANCE SECTION (CONTINUED):</p> <p>C. Scanned Case Management Records consist of validation action sheets, copies of screen prints, various insurance reporting forms, insurance validation forms and various correspondence from the Insurance Section, the recipients, the providers of service, insurance carriers, unions and/or employers.</p> <p>D. Miscellaneous Files including records within the Insurance Section not previously listed that are no longer needed.</p>	<p>2.5C. Scan hardcopy and validate. Retain hardcopy for one (1) year and then destroy. Retain electronic version and a backup copy for ten (10) years and then destroy.</p> <p>2.5D. Retain in office for two (2) years, then transfer to the State Records Center for four (4) years and then destroy.</p>
3	<p><u>Md. Children's Health Program (MCHP) PREMIUM UNIT</u></p> <p>A. Client Case Files (Inactive) include name, address and social security numbers of clients, as well as copies of correspondence sent to client.</p> <p>B. MCHP Reporting Files include daily, weekly and monthly reports received by the Program from MMIS and accounts receivable systems that identify activity and transactions.</p>	<p>3A. Records thru 3/2005, retain in office for two (2) years, then transfer to the State Records Center for four (4) years and then destroy.</p> <p>Records of 4/2005 and after, scan hardcopy and validate. Retain hardcopy for one (1) year and then destroy. Retain electronic version and a backup copy for ten (10) years, then destroy.</p> <p>3B. Retain in office for two (2) years, then transfer to the State Records Center for four (4) years and then destroy.</p>

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Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
4	<p>Claims Processing Division:</p> <p>A Claims Invoice File CMS 1500 File includes, but may not be limited to:</p> <ul style="list-style-type: none"> • Private Duty Nursing (Community Based Services) – 12/1/2004 • Vision Services (including Vision Care Preauthorization Form • Ambulance and Wheelchair Services • File may include attachments and other documentation or information necessary /required to support case. <p>B. Medicare Crossover Claims-Part B (CMS 1500) File may consist of, but is not limited to:</p> <ul style="list-style-type: none"> • Explanation of Medicare Benefits-EOMB <p>C. UB-92 (effective 2007 claim will be titled UB-04) File may consist of, but not be limited to the following, in addition to the listed attachments:</p> <p>Inpatient Services including the following:</p> <ul style="list-style-type: none"> • Long Term Care Patient Activity Form • Certification for Skilled Facility • Certification for Abortion • Report of Administrative Days • Sterilization Consent Form • Document for Hysterectomy <p>Home Health Community Based Services (As of 12/1/2004)</p> <p>Long Term Care – Nursing Home Services (As of 10/1/2004) – File may consist of, but not be limited to the following attachments:</p> <ul style="list-style-type: none"> • Long Term Care Patient Activity • Certification for Skilled Facility • Authorization for Leave of Absence • Request for Reimbursement for Bed Reservation • Report for Administrative Day in Facility • Medical Eligibility Review Form 	<p>4A-C. Microfilm or scan hardcopy and validate. Retain hardcopy for one (1) year, then destroy. Retain electronic version and backup copy for ten (10) years, then destroy</p>

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Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
4	<p>Claims Processing Division (Continued)</p> <p>D. Community Based Services, DHMH 248 (for Dates of Service prior to 10/1/2004):</p> <ul style="list-style-type: none"> • Home Health – File may contain other information necessary or required for specific case. • Private Duty Nursing – File may contain other information necessary or required for specific case. • Personal Care Services – File may contain other information necessary or required for specific case. • Waiver Services – includes other information necessary or required for specific cases. <p>E. Long Term Care – DHMH 263 may include:</p> <ul style="list-style-type: none"> • Long Term Patient Activity • Certification for Skilled Facility • Authorization for Leave of Absence • Request for Reimbursement for Bed Reservation • Report for Administrative Day in Facility • Medical Eligibility Review Form <p>F. Medicare Crossover – Part A: UB-92 or UB-04 with</p> <ul style="list-style-type: none"> • Explanation of Medicare Benefits (EOMB) form <p>G. Community Based Services DHMH 234 or American Dental Association (ADA) Form with</p> <ul style="list-style-type: none"> • Dental Preauthorization Form <p>H. Provider Remittance Advice: File contains explanation of a provider's weekly claims processing status including payments, denials and suspensions of claims.</p>	<p>4 D-H Microfilm or scan hardcopy and validate. Retain hardcopy for one (1) year then destroy. Retain electronic version and backup copy for ten (10) years, then destroy.</p>

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Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
5	<p><u>DIVISION OF PROVIDER SERVICES</u></p> <p>A. Provider Enrollment Records include, but are not limited to:</p> <ul style="list-style-type: none"> • Provider application • Copies of applicable license (i.e., physician, hospital, nursing home, etc.) • Educational certificates • Resumes • Policy Instruction Statements • Provider Status Statements • Request for address changes • Tax Identification documents • Copies of general program letters from DHMH and/or Medical Care Programs <p>B. Check Tracers and Forgery Cases Check tracer requests received from Medical Assistance providers when they are in non-receipt of a State-issued Medicaid reimbursement check. Records include, but are not limited to:</p> <ul style="list-style-type: none"> • Unit phone logs • Check information (i.e., date, amount, provider number, etc.) • Stop Payment Request Form (ST-150) • Copies of cancelled checks <p>Forgery case records include similar information as noted above. In addition, the records includes:</p> <ul style="list-style-type: none"> • Forgery affidavit completed by the provider • Check audit trail 	<p>5A. Scan hardcopy and validate. Retain hardcopy for one (1) year, then destroy. Retain electronic version and backup copy for ten (10) years, then destroy.</p> <p>5B. Retain hard copy in office for two (2) years. Send to State Records Center for four (4) years, then destroy.</p>

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OFFICE OF OPERATIONS, ELIGIBILITY & PHARMACY (OEEP)- SYSTEMS AND OPERATIONS ADMINISTRATION (SOA)

Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
6	<p>DIVISION OF ADJUSTMENTS AND PAYMENT AUDITING The following reports and audit trails are produced as a result of the operations of the Division:</p> <p>A. HMMC 6500-R014 Mass Credit Adjustment Analysis: This paper report is produced on a weekly basis.</p> <p>B. HMMC-8900-R001 Mass Adjustment Request Report: This paper report is produced on a weekly basis.</p> <p>C. Adjustment Request for Batches: These paper reports/forms are used to prepare adjustments to provider payments. They are stored in provider files by calendar year.</p> <p>D. Adjustment Request Form – Check Batches: These paper reports are used to reconcile checks sent to the State by providers and include report numbers 4518A, 4522, 4567A.</p> <p>E. Weekly Pay Cycle Balancing Reports: These are used to balance Medicaid payments to providers. Report numbers are as follows:</p> <ul style="list-style-type: none"> • HMMC 5000-R001 • HMMC 7500-R001 • HMMC 7050-R001 • HMMC 7050-R003 • HMMC 7500-R001 • HMMC 7500-R002 <p>F. Adjustment Provider Files: These are files containing copies of all Adjustment Request Forms sent in by providers, either for adjustment of their payment or to credit their accounts.</p>	6 A-F. Retain files in office for six (6) years and until all audit requirements are met, then destroy.

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Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
7	<p><u>Medical Assistance Problem Resolution Division</u></p> <p>A. MMIS (System) Updates: Files pertain to the long term care and acute hospital medical care provider community in matters pertaining to claims payments and recipient eligibility and include written inquiries, claims appeals or complaints regarding eligibility or payment or non-payment issues. File may contain history logs to document issues, as well as any other relative documentation used to support or defend a decision to override the timely claim filing requirement. Documents include written inquiries, screen prints from the CARES and MMIS systems, 206C forms, and 259 forms. Files include system updates to recipient eligibility data.</p> <p>B. Institutional Services/Hotline: Files pertain to the long term care, acute hospital, home health and hospice communities in matters pertaining to claims payments and recipient eligibility. These include written inquiries, claims appeals, complaints regarding eligibility or payment issues. Files may also include UB92s and supporting documentation. Copies of these are kept in the files upon completion of review. Files may contain correspondence, copies of bills, and batch sheets.</p> <p>C. CARES (Provider Inquiries): Files pertain to the long term care and acute hospital medical care provider community in matters pertaining to claims payments and recipient eligibility. Files may include written inquiries, claims appeals, complaints, MMIS and CARES screen prints regarding eligibility or payment or non-payment issues. File also includes logs to document history of issues/complaints as well as any supporting documentation used to render a decision or defend a decision to override the timely claim filing regulations in addition to receipts issued to providers, confirmations, 206C forms, 257 forms and 259 forms.</p>	<p>7A-C. Retain files in office for six (6) years and until all audit requirements are met, then destroy.</p>

<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) 789-1379</p>		<p>DHMH RECORDS INVENTORY SOA Item 1</p>	
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1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board Office of Operations, Eligibility & Pharmacy		3. Division/Unit or Section Systems Liaison Services	
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 Miscellaneous Service Request Form (ServReQ)				5. Earliest Year/Latest Year 1995 to Current	
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><i>includes. Adhoc Report Request Customer Service Request Form Misc. Serv. Req - Miss Adjustment Production Migration Production Investigation Review Submitter ID Form</i></p>					
7. Record Series Format(s) List all Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Legal Size <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card 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"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> CD, DVD, etc			8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume Number _____ <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____
					10. Annual Accumulation Number _____ <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After _____ Number _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, Room SS-18 Baltimore, MD 21201			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input type="checkbox"/> No Agency/Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input 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) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input 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 type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) 5 years in office		
19. Name and Title of Preparer Richard C. Krueger E-mail address: RKrueger@DHMH.State.MD.US		20. Location: 201 W. Preston Street, Room SS-18 Baltimore, MD 21201 Telephone Number# (410) 767-8009 Room # SS-18		21. Date July 19, 2005	

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

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Item 2.1A

Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
Office of Operations, Eligibility & Pharmacy

3. Division/Unit or Section
Division of Recoveries and Financial Services

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
Audit - Managed Care Organizations (MCO) (edit to Schedule 1624)

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.)

- Administrative Transmittals - Incoming and outgoing correspondence, e-mails, memorandum, letters, etc.
- MCO Reporting - Monthly Insurance and Tort Casualty Reports, Data Exchange, Provider Fraud, Recipient Fraud, Quarterly and Year End Summary Reports, and the MCO TPL Training Manual.
- MCO Audits - MCO TPL policies and procedures, Provider and Recipient Fraud policies and procedures, recipient case files, fraud case documents, and the Annual MCO Reports.

Record Series Format(s) List all

Paper: Film / tape: Electronic:

Letter Size 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

File Drawer(s)

Microfilm Reel(s)

Computer Tape(s)

Number Other (specify) _____

10. Annual Accumulation

File Drawer(s)

Microfilm Reel(s)

Computer Tape(s)

Number Other (specify) _____

11. File is Used Daily Weekly Monthly Annually

12. File Becomes Inactive After _____ Month(s)

Number Year(s)

13. Current Location(s) (Bldg., Floor, Room)
DHMH, DRAFS, 201 W. Preston Street, Executive Unit, Rm 203, Balto., MD 21201

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)

6 yrs in office

19. Name and Title of Preparer Marlene A. Bush, HMS and MCO Coordinator

E-mail address: BushM@dnhm.state.md.us

20. Location: DHMH, DRAFS, 201 W. Preston St., Balto., MD 21201

Telephone Number# 410-767-7841 Room# 203

21. Date 8/11/05

201

<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 style="font-size: large; font-weight: bold;">SOA Item 2.1B</p>
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<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board Office of Operations, Eligibility & Pharmacy</p>	<p>3. Division/Unit or Section Division of Recoveries and Financial 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 Health Management Systems (HMS) Contract (edits to Schedule 1624)</p>		<p>5. Earliest Year/Latest Year ____ to ____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <ol style="list-style-type: none"> 1. <u>Administrative Transmittals</u> - Incoming and outgoing correspondence, e-mails, memorandum, letters, etc. 2. <u>Invoices - HMS Data Match, Medicare, CDR Audits</u> (Nursing Homes, Mental Health and Hospital Credit Balance), HMS Audits (Mental Health and Commercial Insurance) 3. <u>RFP Proposals and Lock Box Information</u> 			
<p>7. Record Series Format(s) List all</p> <p>X Paper: Film / tape: Electronic:</p> <p>X <input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Kept on Hard Drive</p> <p>X <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 type="checkbox"/> Other (specify) _____</p>		<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	
		<p>9. Volume</p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</p>	
		<p>10. Annual Accumulation</p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify) _____</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 _____</p> <p>Number _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) DHMH, DRAFS, 201 W. Preston Street, Executive Unit, Rm 203, Balto., MD 21201</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input 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 _____</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 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 type="checkbox"/> No _____</p>		<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p style="font-size: large; font-weight: bold;">5 yrs AFTER COMPLETION</p>	
<p>19. Name and Title of Preparer: Marlene A. Bush, HMS and MCO Coordinator</p> <p>E-mail address: BushM@dnhm.state.md.us</p>		<p>20. Location: DHMH, DRAFS, 201 W. Preston St., Balto., MD 21201</p> <p>Telephone Number: 410-767-7841 Room # 203</p>	
		<p>21. Date 8/11/05</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 SOA PAGE <u>1</u> OF <u>1</u> Item 2.2 A,B,GD</p>
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<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administration/Board OFFICE OF OPERATIONS ELIGIBILITY & PHARMACY</p>	<p>3. Division/Unit or Section DIVISION OF RECOVERIES & FINANCIAL SERVICES/ ESTATES AND LIENS UNIT</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</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.)

- Closed Lien Files - Files include closed cases that had liens filed on real property. Cases were closed with or without payment and Notice of Lien Releases were sent to the appropriate Court.
- Closed Estate Files - Files include closed Estate cases. Cases were closed with or without payment and notification of closure was sent to the appropriate Registers of Wills.
- Misc. Closed Lien and/or Estates - Estate and/or Lien cases that were closed prior to the establishment of a case.
- General Correspondence & Administrative Files - Original incoming letters, copies of out-going letters, memoranda, studies, reports, directives, policies and other material related to the Estates & Liens Unit of the Division of Recoveries and Financial Services.

<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"/> 35mm, etc) <input type="checkbox"/> Electronic: <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 type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><input checked="" type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>Number <input type="checkbox"/> Other (specify) _____</p>
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<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p>Very rarely once the case is purged.</p>	<p>12. File Becomes Inactive After <u>5</u> <input type="checkbox"/> Month(s)</p> <p>Number <input checked="" type="checkbox"/> Year(s)</p>
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<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p>O'Conor Building, 2nd Floor, Room 201</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Agency/ Formal _____</p>
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<p>15. Privacy / Access Restrictions <input 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 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>
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<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>	<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>2 yrs in office</p> <p>4 yrs in storage</p>
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<p>19. Name and Title of Preparer</p> <p>Sandra Schultz, Manager, Estates & Liens Unit</p> <p>E-mail address: SchultzS@dnhm.state.md.us</p>	<p>20. Location: O'Conor Building</p> <p>Telephone Number# _____ Room # _____</p>	<p>21. Date</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 SOA ITEM 2.3 A-E</p>	
		PAGE <u>1</u> OF <u>1</u>			
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board Office of Operations Eligibility & Pharmacy</p>		<p>3. Division/Unit or Section Division of Recoveries & Financial Services/Legal Liabilities Section</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</p>				<p>5. Earliest Year/Latest Year _____ to _____</p>	
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>A Closed Medical Assistance Tort Case Files B Closed Medical Assistance Fraud Case Files C Closed Medical Assistance Resource Case Files D Closed Medical Assistance Paternity Case Files E Case Record Audit Trails</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"/> 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) <u>Case Files</u></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 checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>	
		<p>10. Annual Accumulation</p> <p>Number _____</p> <p><input 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>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p>Very rarely once case is purged</p>			<p>12. File Becomes Inactive After <u>5</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room)</p> <p>O'Connor Building Room 227</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Agency/Format _____</p>		
<p>15. Privacy / Access Restrictions <input 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 <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 type="checkbox"/> No _____</p>			<p>18. Recommended Retention: In Office And In Storage. (Each Format)</p> <p>2 yrs in office - 6 yrs in storage</p>		
<p>19. Name and Title of Preparer</p> <p>DORIS L. GRAY</p>		<p>20. Location: 201 W. Preston St. 21201</p> <p>Telephone Number# 410-767-1782 Room # 227</p>		<p>21. Date 8/10/05</p>	
<p>E-mail address:</p>					

Pg 7.
50A
Item 2.3A-E

- A. Closed Medical Assistance Tort Case Files
 - B. Closed Medical Assistance Fraud Case Files
 - C. Closed Medical Assistance Resource Case Files
 - D. Closed Medical Assistance Paternity Case Files
 - E. Case Record Audit Trails
-
- a. Closed Medical Assistance Tort Case Files- Files include accident and injury cases that were closed with or without payment of our subrogated claims.
 - b. Closed Medical Assistance Fraud Case Files – Files include cases of recipients who fraudulently received Medical Assistance and were closed with or without reimbursement of Program expenditures.
 - c. Closed Medical Assistance Resource Case Files – Files include overpayments due to excess resources of nursing home residents that were closed with or without reimbursement of Program expenditures.
 - d. Closed Medical Assistance Paternity Case Files – Files include court-ordered payments of birth cost from obligors that were closed with or without reimbursement of Program expenditures.
 - e. Case Record Audit Trails – These cases include reports, which list all types of Legal Liabilities Unit activities and closed cases.

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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 (1764)

SOA
PAGE 10F 1
ITEM 2.4 A-F

1. Department/Agency

DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board

Office of Operations Eligibility & Pharmacy

3. Division/Unit or Section

TPL Coordination 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.

4. Record Series Title

General Fiscal Records

5. Earliest Year/Latest Year
_____ to _____

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)
A Cash Desk- files consists of copies of all reimbursement received, i.e. daily logs, master check logs and general accounting receipts.
B Refunds - files of refunds issued to providers, attorneys, recipients and insurance companies.
C Certified Receipts- files of all checks returned. I.e. non-negotiable.
D Adjustments - files of reimbursements processed through the MMIS II system.
E Provider/Provider Fraud Closed Cases- files consist of cases of monies collected, waiver, and write-offs.
F Transfer Reports- consists of all documentation instructing General Accounting to transfer funds to various holding accounts.

7. Record Series Format(s) List all
Paper: _____ Film / tape: _____ Electronic: _____
 Letter Size Film/Slides Kept on Hard Drive (35mm, etc)
 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
_____ 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 _____ Number Month(s) Year(s)

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

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)
3yrs in office +
3yrs in storage

9. Name and Title of Preparer
Joan Fulcher, Manager
Joan Fulcher
E-mail address: fulcherj@dhhm.state.md.us

20. Location: 201 W. Preston St.
Telephone Number: # 410-767-1792 Room # 202

21. Date
08/10/05

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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 (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>DHMH RECORDS INVENTORY SOA Item 2.5 A-D</p>
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board</p>
<p>3. Division/Unit or Section DRAFS/Insurance</p>		<p>PAGE ___ OF ___</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</p>		<p>5. Earliest Year/Latest Year _____ to _____</p>
<p>6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>A <u>CLOSED INSURANCE CLAIM FOLDERS</u> Folders consist of claim action sheets, Retroactive Follow-up Reports, UB92s and HCFA 1500s, C10s and C20s, claim action sheets, photocopies of the payment checks, Third Party Payor Response Forms, and various correspondences from the Insurance Section, the TPL Coordination Unit, the insurers, the providers of service, and/or the Central Collections Unit.</p> <p>B <u>MEDICAL ASSISTANCE CASE FOLDERS (WITH ACTIVE and INACTIVE INSURANCE)</u> Folders consist of validation action sheets, various insurance reporting forms, insurance validation forms, copies of screen printouts, and various correspondences from the Insurance Section, the recipients, the providers of service, insurance carriers, unions and/or employers.</p> <p>C <u>SCANNED CASE MANAGEMENT RECORDS</u> Validation action sheets, copies of screen printouts, various insurance reporting forms, insurance validation forms, and various correspondences from the Insurance Section, the recipients, the providers of service, insurance carriers, unions and/or employers.</p> <p>D <u>MISCELLANEOUS</u> All materials within the Insurance Section that are not listed in the above stated descriptions such as personnel records, monthly reports, check copies, etc. no longer needed for use within the Section.</p>		
<p>7. Record Series Format(s) List all Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides <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 <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>
		<p>9. Volume Number _____ <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>
		<p>10. Annual Accumulation Number _____ <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)</p>
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>		<p>12. File Becomes Inactive After _____ Number _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>
<p>13. Current Location(s) (Bldg., Floor, Room)</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input type="checkbox"/> No Agency/Format _____</p>
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input 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) & Regulation(s))</p>		<p>16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <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 <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>		<p>18. Recommended Retention: In Office And In Storage (Each format) A, B, +D - 2yrs office, 4 yrs storage Item C - Scan - keep hard copy 1yr - keep e-copy 10yrs + backup</p>
<p>19. Name and Title of Preparer: Burness P. Davis</p>		<p>20. Location: 201 W. Preston St Room: 229</p>
<p>E-mail address: davisb@dnhm.state.md.us</p>		<p>21. Date: August 11, 2005</p>
<p>Telephone Number: 410.787.1779</p>		

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MCHP

<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 SOA Item 3 A+B</p>	
		PAGE <u>1</u> OF <u>1</u>			
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board Office of Operations, Eligibility & Pharmacy		3. Division/Unit or Section Division of Recoveries and Financial Services MCHP Premium 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.					
4. Record Series Title MCHP				5. Earliest Year/Latest Year 2001 to 2005	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) A B Confidential Client Folders - Internal client folders with addresses, phone numbers and social security numbers. Standard client letters used by Program and sent to client. General Information - Daily, Weekly and Monthly reports received by the Program from MMIS and Accounts receivable systems.					
7. Record Series Format(s) List all Paper: <input type="checkbox"/> Letter Size <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ (35mm, etc) <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Computer Tape <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) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
				10. Annual Accumulation Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) O'Conor Building, Service Level, Room SS10 and SS18			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input type="checkbox"/> No Agency/ Format _____		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input 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) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input 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 type="checkbox"/> No _____			18. Recommended Retention: In Office And In Storage (Each Format) A* - pre 3/2005 - 2 yrs in office 4 yrs Storage B - 2 yrs office. 4 yrs Storage 1		
19. Name and Title of Preparer Debbie Simon E-mail address: simond@dhmh.state.md.us		20. Location: O'Conor Building Telephone Number# 410-787-5359 Room # SS-10		21. Date	

DGS 550-4 (DHMH Rev. 2002)

A after 3/2005 - scan hardcopy + validate
Retain hardcopy 1yr then destroy
Retain 2 copy 10 yrs, then destroy;*

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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 SOA Item 4 A</p>
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board Office of Operations, Eligibility & Pharmacy</p>	<p>3. Division/Unit or Section Claims Processing Division</p>
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>			
<p>4. Record Series Title Claims Invoice File</p>		<p>5. Earliest Year/Latest Year 1995 to 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>Provider Invoice File:</p> <p>CMS 1500 Including but not limited to:</p> <p>Private Duty Nursing (Community Based Services) - 12/1/04</p> <p>Vision Services Attachment may include: Vision Care Preauthorization Form</p> <p>Ambulance and Wheelchair Services File may contain other information necessary or required for a specific case</p>			
<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"/> Electronic: <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</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input checked="" type="checkbox"/> Other (specify) Boxes</p> <p><u>1</u> Cb. Ft Number</p>	
<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input checked="" type="checkbox"/> Other (specify) Boxes</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>10</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)</p>	
<p>13. Current Location(s) (Bldg., Floor, Room) 301 W. Preston Street, Basement, B4 Baltimore, MD 21201</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Agency/Format: <u>Microfilmed and/or Scanned-on-CD</u></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 _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>		<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" 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 <u>Calendar Year</u></p>		<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>1. Paper - one year on site</p> <p>2. CD/Microfilm - 10 years</p>	
<p>19. Name and Title of Preparer Charlotte Krueger, Div. Chief</p> <p>E-mail address: KruegerC@dhhm.state.md.us</p>		<p>20. Location: 201 W. Preston Street, Balto., MD 21201</p> <p>Telephone Number# 410-767-5175 Room # SS-18</p>	
<p>21. Date 8/10/05</p>			

5-10

<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 30A Item 4B</p>	
<p>PAGE ___ OF ___</p>		<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board Office of Operations, Eligibility & Pharmacy</p>	
<p>3. Division/Unit or Section Claims Processing Division</p>		<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>			
<p>4-Record-Series Title Medicare Crossover Claims - Part B</p>		<p>5. Earliest Year/Latest Year 1995 to 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>Provider Invoice File - Medicare Crossover - Part B CMS 1500 form</p> <p>File may consist of, but is not limited to:</p> <p style="padding-left: 40px;">- Explanation of Medicare Benefits</p>					
<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"/> 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 type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</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) Boxes</p> <p>___ 1 Cb. Ft. 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 checked="" type="checkbox"/> Other (specify) Boxes</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>10</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>		<p>13. Current Location(s) (Bldg., Floor, Room) 301 W. Preston Street, Basement, B4 Baltimore, MD 21201</p>			
<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Agency/Format_Microfilmed and/or Scanned on CD___</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 _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>			
<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG</p> <p><input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent</p>		<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>Calendar Year</u> _____</p>			
<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>1. Paper - one year on site</p> <p>2. CD/Microfilm - 10 years</p>		<p>19. Name and Title of Preparer Charlotte Krueger, Div. Chief</p> <p>E-mail address: KruegerC@dhhm.state.md.us</p>			
<p>20. Location: 201 W. Preston Street, Balto., MD 21201</p> <p>Telephone Number# 410-767-5175 Room # SS-18'</p>		<p>21. Date 8/10/05</p>			



9-11

<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) 789-1379</p>	<p>DHMH RECORDS INVENTORY</p> <p style="font-size: 2em; font-weight: bold; margin-left: 20px;">SOA Item 4C</p>
<p>PAGE ___ OF ___</p>		

<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE.</p>	<p>2. Office/Administration/Board Office of Operations, Eligibility & Pharmacy</p>	<p>3. Division/Unit or Section Claims Processing Division</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 Claims Invoice File</p>	<p>5. Earliest Year/Latest Year 1995 to 2004</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.)

Provider Invoice File:
 UB 92 Current (As of 2007 claim will be known as UB 04)
 File may consist of, but is not limited to the following attachments:

- Long Term Patient Activity
- Certification for Skilled Facility
- Certification for Abortion
- Report of Administrative Days
- Sterilization Consent Form
- Document for Hysterectomy

Home Health Community Base Services (As of 12/1/2004)

Long Term Care - Nursing Home Services (As of 10/1/2004)
 File may consist of, but is not limited to the following attachments:

- Long Term Patient Activity
- Certification for Skilled Facility
- Authorization for Leave of Absence
- Request for Reimbursement for Bed Reservation
- Report for Administrative Day in Facility
- Medical Eligibility Review Form

<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 type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</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) Boxes</p> <p>1 Cb. Ft 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 checked="" type="checkbox"/> Other (specify) Boxes</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>10</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)</p>
<p>13. Current Location(s) (Bldg., Floor, Room) 301 W. Preston Street, Basement, B4 Baltimore, MD 21201</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Agency/ Format_Microfilmed and/or Scanned on CD_</p>
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input 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) & Regulation(s))</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent</p>
<p>17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>Calendar Year</u></p>	<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>1. Paper - one year on site 2. CD/Microfilm - 10 years</p>

G-12

<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) 769-1379</p>		<p>DHMH RECORDS INVENTORY <i>SOA</i> <i>Item 4 D</i></p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board Office of Operations, Eligibility & Pharmacy</p>		<p>3. Division/Unit or Section Claims Processing Division</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title Community Based Services</p>				<p>5. Earliest Year/Latest Year 1995 to 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>Provider Invoice File - Community Based Services DHMH 248 (For Dates of Service prior to 10/1/2004)</p> <p>Home Health - File may contain other information necessary or required for specific case.</p> <p>Private Duty Nursing - File may contain other information necessary or required for specific case.</p> <p>Personal Care Services - File may contain other information necessary or required for specific case.</p> <p>Waiver Services - File may contain other information necessary or required for specific case.</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"/> Bound Book <input type="checkbox"/> Card <input type="checkbox"/> Other (specify) _____</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 type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</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) Boxes</p> <p><u>1</u> Cb. Ft 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>10</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 301 W. Preston Street, Basement, B4 Baltimore, MD 21201</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Agency/Format_Microfilmed and/or Scanned on CD__</p>		
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input 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) & Regulation(s))</p>			<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Calendar Year</u></p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>1. Paper - one year on site 2. CD/Microfilm - 10 years</p>		
<p>19. Name and Title of Preparer Charlotte Krueger, Div. Chief E-mail address: KruegerC@dnhm.state.md.us</p>		<p>20. Location: 201 W. Preston Street, Balto., MD 21201 Telephone Number# 410-767-5175 Room # SS-18</p>		<p>21. Date 8/10/05</p>	

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5-13

<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 style="font-size: 2em; font-weight: bold; margin-left: 100px;">ITEM 30A 4 E</p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board Office of Operations, Eligibility & Pharmacy</p>		<p>3. Division/Unit or Section Claims Processing Division</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title Nursing Home Services</p>				<p>5. Earliest Year/Latest Year 1995 to 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>Provider Invoice File - Long Term Care DHMH 263</p> <p>Records of Nursing Home Services for Dates of Service prior to 10/1/2004</p> <p>File may consist of, but is not limited to the following attachments:</p> <ul style="list-style-type: none"> - Long Term Patient Activity - Certification for Skilled Facility - Authorization for Leave of Absence - Request for Reimbursement for Bed Reservation - Report for Administrative Day in Facility - Medical Eligibility Review Form 					
<p>7. Record Series Format(s) List all</p> <p>Paper: <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/></p> <p>X Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc)</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 type="checkbox"/> Other (specify) _____</p>			<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p>X Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p>X <input type="checkbox"/> Other (specify) Boxes</p> <p>___ 1 Cb. Ft 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 ___ 10 ___ <input type="checkbox"/> Month(s) Number X <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 301 W. Preston Street, Basement, B4 Baltimore, MD 21201</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p>X <input type="checkbox"/> Yes <input type="checkbox"/> No Agency/ Format_Microfilmed and/or Scanned on CD___</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 _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements <input type="checkbox"/> None X <input checked="" type="checkbox"/> Internal X <input type="checkbox"/> OIG</p> <p>X <input type="checkbox"/> Legislative X <input type="checkbox"/> Federal X <input type="checkbox"/> Independent</p>		
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p>X <input type="checkbox"/> Yes X <input type="checkbox"/> No ___ Calendar Year _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>1. Paper - one year on site</p> <p>2. CD/Microfilm - 10 years</p>		
<p>19. Name and Title of Preparer Charlotte Krueger, Div. Chief</p> <p>E-mail address: KruegerC@dnhm.state.md.us</p>		<p>20. Location: 201 W. Preston Street, Balto., MD 21201</p> <p>Telephone Number# 410-767-5175 Room # SS-18</p>		<p>21. Date 8/10/05</p>	

5-14

<p><small>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.</small></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 50A Item 4 F</p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board Office of Operations, Eligibility & Pharmacy</p>		<p>3. Division/Unit or Section Claims Processing Division</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title Medicare Crossover Claims - Part A</p>				<p>5. Earliest Year/Latest Year 1995 to 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>Provider Invoice File - Medicare Crossover - Part A</p> <ul style="list-style-type: none"> - UB - 92 (Current) - UB - 4 (Future) <p>File may consist of, but is not limited to:</p> <ul style="list-style-type: none"> - Explanation of Medicare Benefits 					
<p>7. Record Series Format(s) List all</p> <p>Paper: <input checked="" type="checkbox"/> Letter Size</p> <p>Film / tape: <input type="checkbox"/> 35mm, etc</p> <p>Electronic: <input type="checkbox"/> Kept on Hard Drive</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ Microfiche</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</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input checked="" type="checkbox"/> Other (specify) Boxes</p> <p>1 Cb. Ft Number</p>	
<p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tapes(s)</p> <p><input checked="" type="checkbox"/> Other (specify) Boxes</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>10</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 301 W. Preston Street, Basement, B4 Baltimore, MD 21201</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Agency/ Format_Microfilmed and/or Scanned on CD_</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 _____</p> <p>(If Yes, cite Law(s) & Regulation(s))</p>			<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Calendar Year</u></p>			<p>18. Recommended Retention: in Office And in Storage (Each Format)</p> <p>1. Paper - one year on site</p> <p>2. CD/Microfilm - 10 years</p>		
<p>19. Name and Title of Preparer Charlotte Krueger, Div. Chief</p> <p>E-mail address: KruegerC@dhhm.state.md.us</p>		<p>20. Location: 201 W. Preston Street, Balto., MD 21201</p> <p>Telephone Number# 410-767-5175 Room # SS-18</p>		<p>21. Date 8/10/05</p>	

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(3-15)

<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 SOA Item 4 G</p> <p>PAGE ___ OF ___</p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board Office of Operations, Eligibility & Pharmacy</p>		<p>3. Division/Unit or Section Claims Processing Division</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title Dental Claims Services</p>				<p>5. Earliest Year/Latest Year 1995 to 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>Provider Invoice File - Community Based Services DHMH 234 or American Dental Association Form</p> <p>File content may consist of, but is not limited to the following attachment:</p> <p style="padding-left: 40px;">Dental Preauthorization Form</p>					
<p>7. Record Series Format(s) List all</p> <p>Paper: <input 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"/> 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"/> 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 checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</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) Boxes</p> <p>___ 1 Cb. Ft 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 checked="" type="checkbox"/> Other (specify) Boxes</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 ___10___ <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 301 W. Preston Street, Basement, B4 Baltimore, MD 21201</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Agency/Format_Microfilmed and/or Scanned on CD___</p>		
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input 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) & Regulation(s))</p>			<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" 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</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ___Calendar Year_____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p>1. Paper - one year on site 2. CD/Microfilm - 10 years</p>		
<p>19. Name and Title of Preparer Charlotte Krueger, Div. Chief</p> <p>E-mail address: KruegerC@dnhm.state.md.us</p>		<p>20. Location: 201 W. Preston Street, Balto., MD 21201</p> <p>Telephone Number# 410-767-5175 Room # SS-18</p>		<p>21. Date 8/10/05</p>	

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5-16

<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 30A Item 4 H</p>	
		PAGE ___ OF ___			
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board Office of Operations, Eligibility & Pharmacy		3. Division/Unit or Section Claims Processing 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 1995 to 2004	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. include the purpose or function of the series.) Provider Remittance Advice - Provides explanation of provider payments as well as status of denied and suspended claims.					
7. Record Series Format(s) List all Paper: Letter Size <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/> Kept on Hard Drive (35mm, etc) <input type="checkbox"/> Legal Size <input checked="" type="checkbox"/> <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 checked="" type="checkbox"/> <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) ___1 Cb. Ft <input type="checkbox"/> Computer Tape(s) Number <input checked="" type="checkbox"/> Other (specify) CD/Tapes	
				10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input checked="" type="checkbox"/> Other (specify) Boxes	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After <u>10</u> <input type="checkbox"/> Month(s) Number <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 301 W. Preston Street, Basement, B4 Baltimore, MD 21201			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Agency/ Format_ CD__		
15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input 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) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>Calendar Year</u> _____			18. Recommended Retention: In Office And In Storage (Each Format) 1. Paper - one year on site 2. CD/Microfilm - 10 years		
19. Name and Title of Preparer Charlotte Krueger, Div. Chief E-mail address: KruegerC@dnhm.state.md.us		20. Location: 201 W. Preston Street, Balto., MD 21201 Telephone Number# 410-767-5175 Room # SS-18		21. Date 8/10/05	

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3-17

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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 SOA Item 5 A</p>	
		PAGE <u>1</u> OF <u>1</u>			
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board Office of Operations, Eligibility and Pharmacy</p>		<p>3. Division/Unit or Section Provider 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 Provider Enrollment Records</p>				<p>5. Earliest Year/Latest Year _1968_ 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.)</p> <p>Provider enrollment records include, but are not limited to:</p> <ul style="list-style-type: none"> - Provider application - Copies of applicable license (i.e., physician, hospital, nursing home, etc.) - Educational certificates - Resumes - Policy Instruction Statements - Provider Status Statements - Request for address changes - Copies of general program letters from other areas. 					
<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 <input type="checkbox"/> Kept on Hard Drive (35mm, etc.) <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 checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</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) boxes</p> <p>_300_ more _____ 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 checked="" type="checkbox"/> Other (specify) Scanned</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 _____ <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number <u>5</u></p>		
<p>13. Current Location(s) (Bldg., Floor, Room) <u>301 W. Preston Street Basement</u></p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Agency/Format <u>DHMH_scanned in system</u></p>		
<p>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))</p>			<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input checked="" 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) In Office- <u>1 year - paper</u> <u>SCAN + VALIDATE</u> <u>Return E-copy for 10 yrs, then destroy</u></p>		
<p>19. Name and Title of Preparer Leona Spencer, Chief E-mail address: <u>SpencerL@dnhm.state.md.us</u></p>		<p>Location: <u>201 W. Preston Street, Balto., MD 21201</u> Telephone # <u>410-767-5178</u> Room# <u>LL-3</u></p>		<p>21. Date <u>8/17/05</u></p>	

(5-18)

<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) 789-1379</p>		<p>DHMH RECORDS INVENTORY</p> <p style="font-size: 2em; font-weight: bold;">SOA- Item 4 B</p>	
		<p>PAGE ____ OF ____</p>			
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board Office of Operations, Eligibility & Pharmacy</p>		<p>3. Division/Unit or Section Provider Relations Division</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title Check Tracers and Forgery Cases</p>				<p>5. Earliest Year/Latest Year _2001_ to _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>Check tracer requests are received from Medical Assistance providers when they have not received their checks.</p> <p>Records include but are not limited to:</p> <ul style="list-style-type: none"> - Unit phone logs - Check information (i.e., date, amount, provider number, etc.) - Stop Payment Request Form (ST-150) - Copies of cancelled checks <p>Forgery case records include similar information as noted above. In addition the record includes:</p> <ul style="list-style-type: none"> - Forgery affidavit completed by the provider - Check audit trail 					
<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 type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p>		<p>9. Volume</p> <p>18 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) Boxes</p>	
		<p>10. Annual Accumulation</p> <p>5 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) Boxes</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 _____</p> <p>Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 301 W. Preston Street, Basement Baltimore, MD 21201</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" 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 _____</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 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 style="font-size: 1.5em; font-weight: bold;">2yrs Office 4yrs Storage</p>		
<p>19. Name and Title of Preparer Gary Teagle, Supervisor, PRU</p> <p>E-mail address: TeagleG@dnhm.state.md.us</p>		<p>20. Location: 201 W. Preston Street, Balto., MD 21201</p> <p>Telephone Number# 410-767-5363 Room # LL-3</p>		<p>21. Date 8/10/05</p>	

5-19

<p>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 Series identified. All Record Series are to be listed on a Schedule Form. Forward all the Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Director thru your Records Coordinator.</p>	<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 798-1378</p>	<p>DHMH RECORDS INVENTORY</p> <p>NEW SOA Item COA</p>
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<p>Department/Agency D.H.M.H.</p> <p>DEPT OF HEALTH & MENTAL HYGIENE</p>	<p>2. Office/Administrator/Board</p>	<p>3. Division/Unit or Section</p> <p>ADJUSTMENT DIVISION</p>
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<p>Record Series Title</p> <p>MMC 6500 R014 MASS CREDIT ADJUSTMENT ANALYSIS</p>	<p>5. Earliest Year/Latest Year</p> <p>1998, 2005</p>
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Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

This report is produced on a weekly basis. It is done on paper and consists of about a Box every (2) weeks, 26 Boxes Per year.

<p>Record Series Format(s) List all</p> <p>Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Electronic: <input type="checkbox"/> Kept on Hard Drive (35mm, etc)</p> <p>Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche</p> <p>Role <u>1</u> <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p>Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD, DVD, etc</p> <p>Card <u>x</u> <input type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input checked="" type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify)</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify)</p>
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<p>File is Used <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>	<p>12. File Becomes Inactive After <u>7</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p>
--	---

<p>Current Location(s) (Bldg., Floor, Room)</p> <p>21 BLDG, BASEMENT, ROOM B-4</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>
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<p>Privacy/ Access Restrictions <input type="checkbox"/> Yes <input checked="" 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 _____</p> <p>Yes, cite Law(s) & Regulation(s)</p>	<p>16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input type="checkbox"/> OIG</p> <p><input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent</p>
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<p>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>6 years IN OFFICE</p>
--	--

<p>Name and Title of Preparer</p> <p>ARK BARSTORF</p> <p>e-mail address: BARSTORF M@DHMH.STATE.MD.US</p>	<p>20. Location: SERVICE Level, 201 BLDG</p> <p>Telephone Number: (410) 767-5721</p> <p>Room #: 55-18</p>	<p>21. Date</p> <p>8/5/05</p>
--	--	--------------------------------------

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 Schedule 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) 789-1379

DHMH RECORDS INVENTORY

SOA ~~XXXX~~ ITEM GB
PAGE 2 OF 2

Department/Agency: **DHMH**
DEPARTMENT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board

3. Division/Unit or Section

ADJUSTMENT 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.

Record Series Title

5. Encompassed Year/Label Year
1998 to 2005

4MC-8900-ROOI MASS ADJUSTMENT REQUEST REPORT

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

These are paper reports produced once a week. The report totals 1 box and are kept in storage in the Batch Room. Approximately 52 Boxes per year.

Record Series Format(s) List all

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

8. Record Series Sequence

Alphabetical
 Numerical
 Chronological
 Geographical
 Other (specify) _____

9. Volume

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

10. Annual Accumulation

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

File is Used Daily Weekly Monthly Annually

12. File Becomes Inactive After 7 Month(s) Year(s)
Number

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

301 Bldg. BATCH ROOM - BASEMENT

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

Yes No Agency/Format _____

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

16. Audit Requirements None Internal OIG
 Legislative Federal Independent

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

Yes No _____

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

6 years IN OFFICE.

Name and Title of Preparer: MARK BARNSTORF

20. Location: ROOM 3518

21. Date

E-mail address: BARNSTORFM@DHMH.STATE.MD.GS

Telephone Number: (410) 767-5721 Room # 55-18

8/5/05

5-21

1. 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 the inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Data Officer thru your Records Coordinator.

DEPARTMENT OF GENERAL SERVICES
STATE RECORDS CENTER
7275 WATERLOO ROAD
P.O. BOX 275
JESSUP, MARYLAND 20794
(410) 789-1379

DHMH RECORDS INVENTORY *SoA*

ITEM 6 C

Department/Agency **DHMH**

2. Office/Administration/Board

3. Division/Unit or Section
ADJUSTMENT DIVISION

PT OF HEALTH & MENTAL HYGIENE

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
ADJUSTMENT REQUEST FORM BATCHES

5. Earliest Year/Latest Year
2002 to 2005

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

This is PAPER Reports used to do ADJUSTMENTS to PROVIDER PAYMENTS. They are Boxed and stored in PROVIDER FILES for Calendar Year. There are 2 Boxes per week totalling approximately 110 BOXES per Year. Report #s - 4567A, 4518A.

Record Series Format(s) List all

Paper
 Film / tape: Electronic:
 Letter Size Film/Sides Kept on Hard Drive (35mm, etc)
 Legal Size Microfilm Computer Tape
 Microfiche
 Roll 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 Other (specify) _____

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

File is Used Daily Weekly Monthly Annually

12. File Becomes Inactive After 5 Month(s) Year(s)
 Number

Current Location(s) (Bldg., Floor, Room)
01 BLDG BASEMENT ROOM B-4

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

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

16. Audit Requirements None Internal OIG
 Legislative Federal Independent

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

18. Recommended Retention: In Office And In Storage (Each Format)
6 YEARS IN OFFICE, ~~3 YEARS~~

Name and Title of Preparer
MARK BARNSTORF

20. Location: **201 BLDG - SERVICE LEVEL**

Telephone Number# **(410) 767-5721** Room # **55-18**

21. Date **8/5/05**

e-mail address: **BARNSTORF M@DHMH.STATE.MD.US**

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 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) 739-1379

DHMH RECORDS INVENTORY

ITEM 6D

Department/Agency: **DHMH**
 DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board

3. Division/Unit or Section
ADJUSTMENT 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.

Record Series Title: **ADJUSTMENT REQUEST FORM - CHECK BATCHES**

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.)

These are paper reports used to reconcile checks sent to the state by providers. These report numbers are #4518A, #4522, 4567A. They are boxed and stored in office by ~~date~~ Fiscal Year. Then stored in Batch Room. Approximately 180 Boxes per year.

Record Series Format(s) List all

Paper: Letter Size Legal Size Roll Bound Book Card Other (specify) _____

Film / tape: 35mm, etc Microfilm Audio Tape Video Tape CD, DVD, etc Other (specify) _____

Electronic: Kept on Hard Drive Computer Tape Floppy Disk Other (specify) _____

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

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

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

1. File is Used: Daily Weekly Monthly Annually

12. File Becomes Inactive After: 5 Month(s) Year(s)

3. Current Location(s) (Bldg., Floor, Room): **01 Bldg. Basement, Room B-4**

14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)
 Yes No Agency/Format: **MICROFILM**

5. 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

7. Is an Index System used? If yes, explain briefly and describe requirements:
 Yes No _____

18. Recommended Retention: In Office And In Storage (Each Format)
6 Year IN OFFICE, [scribble]

9. Name and Title of Preparer: **MARK BARNSTORF**
 E-mail address: **BARNSTORFM@DHMH.STATE.MD.**

20. Location: **201 Bldg.**
 Telephone Number: **(410) 767-5721** Room #: **55-18**

21. Date: **8/5/05**

<p>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 record series 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 SOA</p>
		<p>ITEM 6 E</p>

<p>Department/Agency DHMH</p>	<p>2. Office/Administration/Board</p>	<p>3. Division/Unit or Section ADJUSTMENT DIVISION</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>Record Series Title WEEKLY PAYROLL BALANCING REPORTS</p>	<p>5. Earliest Year/Latest Year _____ to _____</p>
--	--

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

These reports are used weekly to balance Medicaid payments to providers. Report #'s are as follows; HMMC 5000-ROO1, HMMC 7500-ROO1, HMMC 7050-ROO1, HMMC 7050-ROO3, HMMC 7500-ROO1, HMMC 7500-ROO2, HMMC 7001-ROO1. These are kept in binders weekly, then placed in Box weekly. There are 12 boxes yearly, 1 for each calendar month.

<p>Record Series Format(s) List all</p> <p>Letter Size <input type="checkbox"/> Film / tape: <input type="checkbox"/> Electronic: <input type="checkbox"/> Kept on Hard Drive (35mm, etc)</p> <p>Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche</p> <p>Rolls <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk</p> <p>Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD, DVD, etc</p> <p>Card <input checked="" type="checkbox"/> Other (specify) _____</p>	<p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input checked="" type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>9. Volume</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify)</p> <p>Number _____</p> <p>10. Annual Accumulation</p> <p><input type="checkbox"/> File Drawer(s)</p> <p><input type="checkbox"/> Microfilm Reel(s)</p> <p><input type="checkbox"/> Computer Tape(s)</p> <p><input type="checkbox"/> Other (specify)</p> <p>Number _____</p>
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<p>File is Used <input type="checkbox"/> Daily <input checked="" 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>
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<p>Current Location(s) (Bldg., Floor, Room) 201 Bldg, Basement Room B-4</p>	<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Agency/Format DISK/PC</p>
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<p>Privacy / Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ Yes, cite Law(s) & Regulation(s)</p>	<p>16. Audit Requirements <input 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>
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<p>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) 6 yrs in office 1 yr in office</p>
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<p>Name and Title of Preparer MARK BARNSTORF</p>	<p>20. Location: 201 Bldg.</p> <p>Telephone Number# (410) 767-5721 Room# 55-18</p>	<p>21. Date 8/5/05</p>
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<p>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 Series identified. All Record Series are to be listed on a Schedule Form. Forward all the Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Office thru your Records Coordinator.</p>	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 789-1379	DHMH RECORDS INVENTORY <i>SOA</i> <i>ITEM 16 F</i>
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Department/Agency <i>DHMH</i> PT OF HEALTH & MENTAL HYGIENE	2. Office/Administration/Board	3. Division/Unit or Section <i>ADJUSTMENT DIVISION</i>
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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 <i>PROVIDER FILES</i>	5. Earliest Year/Latest Year <i>2000 to 2005</i>
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Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)

These are carbon copies OF ALL ADJUSTMENT REQUEST FORMS sent IN BY PROVIDERS, either for adjustment of their payment, OR to credit their accounts. These are stored in file cabinet FOR Fiscal year. They are then Boxed up and stored. There are approximately 15 boxes per year.

Record Series Format(s) List all Type: Film / tape: Electronic: Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc) Legal Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Computer Tape Microfiche Role <input type="checkbox"/> Audio Tape <input type="checkbox"/> Floppy Disk Bound Book <input type="checkbox"/> Video Tape <input type="checkbox"/> CD, DVD, etc Card <input checked="" type="checkbox"/> Other (specify) _____	8. Record Series Sequence <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____	9. Volume <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) 10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)
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File is Used <input checked="" 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) Number <input checked="" type="checkbox"/> Year(s)
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Current Location(s) (Bldg., Floor, Room) <i>301 Bldg. Basement (BATCH ROOM) ROOM B-4</i>	14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Agency/Format <i>DISK</i>
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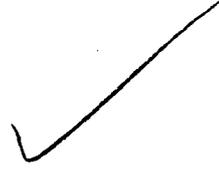
Privacy / Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ Yes, cite Law(s) & Regulation(s)	18. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> Internal <input checked="" type="checkbox"/> OIG <input checked="" type="checkbox"/> Legislative <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Independent
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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) <i>6 Years IN OFFICE</i> 4 Years IN OFFICE
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Name and Title of Preparer <i>MARK BARNSTORF</i> E-mail address: <i>BARNSTORFM@DHMH.STATE.MD.05</i>	20. Location: <i>201 Bldg. ?</i> Telephone Number: <i>(410) 767-5721</i> Room #: <i>55-18</i>	21. Date <i>8/5/05</i>
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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) 789-1379</p>		<p>DHMH RECORDS INVENTORY SA ITEM 7A</p>	
				PAGE 2 OF 3	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Board OOEP		3. Division/Unit or Section Medical Assistance Problem Resolution	
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 MMIS (SYSTEM UPDATES)				5. Earliest Year/Latest Year 2002 to 2005	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Files pertain to the long term care and acute hospital medical care provider community in matters pertaining to claims payments and recipient eligibility; such as written inquiries, claims appeals, or complaints regarding eligibility or payment or non-payment issues. This includes logs to document the history of issues and complaints, as well as any documentation used to support or defend a decision to override the timely claim filing regulations. Documents include written inquiries, screen prints from the CARES and MMIS II systems, 206c forms, 257 forms, and 259 forms. These files include system updates to the recipient eligibility data. The forms and screen prints generated to address a change to the MMIS II system are used to make that change and are then filed in these records.					
7. Record Series Format(s) List all Paper: <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides (35mm, etc) <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/Microfiche <input type="checkbox"/> Rolls <input type="checkbox"/> Bound Book <input type="checkbox"/> Card <input checked="" type="checkbox"/> Other (specify) _____ Film / tape: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> CD,DVD,etc <input type="checkbox"/> Other (specify) _____ Electronic: <input type="checkbox"/> Kept on Hard Drive <input type="checkbox"/> Computer Tape <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical Numerical (By provider number) <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume Number <u>5</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)	
				10. Annual Accumulation Number <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)	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			12. File Becomes Inactive After _____ Number _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 West Preston St, Baltimore, Maryland 21201 Room 555			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input type="checkbox"/> No Agency/Format _____		
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) HIPAA			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> Internal <input type="checkbox"/> OIG <input type="checkbox"/> Legislative <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Records are filed by month and year</u>			18. Recommended Retention: In Office And In Storage (Each Format) XXXXXX 6yrs in office		
19. Name and Title of Preparer Kenneth Scollar, Manager, Medical Assistance Problem Resolution E-mail address: Scollar@dhhm.state.md.us		20. Location: 201 West Preston St Telephone Number# 410-787-5397 Room # 555		21. Date July 28, 2005	



5-26

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 20784
(410) 789-1379

SOA
DHMH RECORDS INVENTORY
ITEM 7 B

PAGE 3 OF 5

1. Department/Agency

DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board

OoEP

3. Division/Unit or Section

Medical Assistance Problem Resolution

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

INSTITUTIONAL SERVICES/HOTLINE

5. Earliest Year/Latest Year

2002 to 2005

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

Files pertain to the long term care, acute hospital, home health, and hospice communities in matters pertaining to claims payments and recipient eligibility. These include written inquiries, claims appeals, complaints regarding eligibility or payment issues. These also include UB92s and supporting documentation. Copies of these are kept in these folders upon completion of review. These can include return letters (if the bill is incorrect or can not be paid) or batch sheets if sent along to the mailroom for processing. Accurate logs are maintained to document the history of issues and complaints as well as any documentation used to support or defend a decision to override timely filing regulations.

7. Record Series Format(s) List all

- Paper: Letter Size Legal Size Rolls Bound Book Card
- Film / tape: 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 (By provider number)
- Chronological
- Geographical
- Other (specify)

9. Volume

- File Drawer(s)
- Microfilm Reel(s)
- Computer Tape(s)
- Other (specify)

6
Number

10. Annual Accumulation

- File Drawer(s)
- Microfilm Reel(s)
- Computer Tape(s)
- Other (specify)

8
Number

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)
201 West Preston St, Baltimore, Maryland 21201 Room 555

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))
HIPAA

16. Audit Requirements None Internal OIG
 Legislative Federal Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
 Yes No Records are filed by provider number

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

6 yrs in office

19. Name and Title of Preparer
Kenneth Scollar, Manager, Medical Assistance Problem Resolution
E-mail address: Scollar@dnhm.state.md.us

20. Location: 201 West Preston St
Telephone Number# 410-767-5397 Room # 555

21. Date
July 26, 2005

5-27

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) 789-1379

DHMH RECORDS INVENTORY

SOA
Item 7C

PAGE 1 OF 5

1. Department/Agency
DEPT OF HEALTH & MENTAL HYGIENE

2. Office/Administration/Board
OOEP

3. Division/Unit or Section
Medical Assistance Problem Resolution

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
CARES (PROVIDER INQUIRIES)

5. Earliest Year/Latest Year
2002 to 2006

6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)
Files pertain to the long term care and acute hospital medical care provider community in matters pertaining to claims payments and recipient eligibility; such as written inquiries, claims appeals, or complaints regarding eligibility or payment or non-payment issues. This includes logs to document the history of issues and complaints, as well as any documentation used to support or defend a decision to override the timely claim filing regulations. Documents include written inquiries, screen prints from the CARES and MMIS II systems, receipts sent to providers, confirmations sent to providers, 206c forms, 257 forms, and 259 forms.

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 (By provider number)
 Chronological
 Geographical
 Other (specify) _____

9. Volume Number
 File Drawer(s)
 Microfilm Reel(s)
 Computer Tape(s)
 Other (specify)
25

10. Annual Accumulation Number
 File Drawer(s)
 Microfilm Reel(s)
 Computer Tape(s)
 Other (specify)
9

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)
201 West Preston St, Baltimore, Maryland 21201 Room SS5

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)
HIPAA

16. Audit Requirements None Internal OIG
 Legislative Federal Independent

17. Is an Index System used? If yes, explain briefly and describe requirements
 Yes No Records are filed by provider number

18. Recommended Retention: In Office And In Storage (Each Format)
6 years in office

19. Name and Title of Preparer
Kenneth Scollar, Manager, Medical Assistance Problem Resolution
E-mail address: ScollarK@dnhm.state.md.us

20. Location: 201 West Preston St
Telephone Number# 410-767-5397 Room # SS5

21. Date
July 26, 2005

5-28