

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE

Office of Systems, Operations & Pharmacy (OSOP) - Maryland Pharmacy Program (MPP)

THIS SCHEDULE SUPERSEDES PREVIOUS SCHEDULE 2426 AND 1201

Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
1	<p><u>Pharmacy Services Division</u></p> <p>A. Paid Pharmacy claims consists of copies of all pharmacy claims submitted and paid to pharmacy providers.</p> <p>B. Pharmacy Preauthorization Records consists of copies of all documentation used to grant prior authorization to Pharmacies & Providers for various high cost medications.</p> <p>C. Drug Rebate Program – Quarterly State Utilization Discrepancy Reports consists of copies of all reports received from CMS for the period indicated.</p> <p>D. Drug Rebate Program – Vendor Contract Related Documents consists of copies of the transition test documents for Deposits.</p> <p>E. Drug Rebate Program – Monthly Receipts & Reconciliation consists of copies of the Monthly cash receipt logs and FMIS reconciliations.</p> <p>F. Drug Rebate Program – Quarterly Invoice Cycle Reports consists of copies of the invoice cycle files for the period indicated.</p>	<p>Retain for six (6) years then destroy.</p>

APPROVED BY: (DHMH Official)

DATE: 9/26/11SIGNATURE: Charles E. LehmanNAME/TITLE: Charles E. Lehman, Exec

AUTHORIZED BY: (MD STATE ARCHIVES)

DATE: 10/5/11SIGNATURE: Edward C. Papenfuse, Jr.NAME/TITLE: EDWARD C. PAPENFUSE, JR., STATE ARCHIVIST

<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>PAGE <u>1</u> OF <u>4</u></p>	
<p>1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE</p>		<p>2. Office/Administration/Board Office of Systems, Operations & Pharmacy (OSOP)</p>		<p>3. Division/Unit or Section Maryland Pharmacy Program</p>	
<p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p>					
<p>4. Record Series Title 1C. Drug Rebate Program - Quarterly State Utilization Discrepancy Reports</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.) Consists of copies of the all reports received from CMS for the period indicated.</p>					
<p>7. Record Series Format(s) List all Paper: Film / tape: Electronic: <input type="checkbox"/> Letter Size <input type="checkbox"/> Film/Slides <input type="checkbox"/> Kept on Hard Drive (35mm, etc) <input type="checkbox"/> Legal Size <input type="checkbox"/> Microfilm/ <input type="checkbox"/> Computer Tape Microfiche <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"/> x <input type="checkbox"/> <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 <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____</p> <p>10. Annual Accumulation <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) Number <input type="checkbox"/> Other (specify) _____</p>	
<p>11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annually</p>			<p>12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) Number <input type="checkbox"/> Year(s)</p>		
<p>13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston St 4th Fl</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/ Format _____</p>		
<p>15. Privacy / Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Proprietary <input type="checkbox"/> Classified <input type="checkbox"/> Other _____ (If Yes, cite Law(s) & 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) Retain for six (6) years then Destroy</p>		
<p>19. Name and Title of Preparer Walter Zerflaut <i>Walter Zerflaut</i> DHMH Records Officer E-mail address: wzerrlaut@dhmh.state.md.us</p>		<p>20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410-767-3598 Room # LL-5</p>		<p>21. Date 9/27/11</p>	

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<p>4. Record Series Title 1D. Drug Rebate Program - Vendor Contract Related Documents</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.) Consists of copies of the transition test documents for Deposits.</p>					
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