

## RECORDS RETENTION AND DISPOSAL SCHEDULE

## DEPARTMENT OF HEALTH &amp; MENTAL HYGIENE (DHMH)

## OFFICE OF ELIGIBILITY SERVICES (OES)

(This schedule supersedes schedules 934 and 2427)

Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions
1	<p><b>ELIGIBILITY SERVICES – EXECUTIVE DIRECTOR'S OFFICE</b></p> <p><b>1.1 Medical Assistance Emergency Medical Services (EMS) Records for Illegal and Ineligible Aliens</b></p> <p><b>1.1A. Active Case Records:</b> Electronic record. Retroactive requests for approval of EMS for chronic care and electronic copies of approval/denial letters sent to local Department of Social Services (LDSS) where individual's case record is maintained.</p> <p><b>1.1B. Inactive Case Records:</b> Electronic record. Retroactive requests for EMS and electronic copies of approval/denial letters sent to LDSS where individual's case record is maintained.</p>	<p>1.1A. Retain in office until case is closed or becomes inactive. Retain in emergency services electronic case management database for <b>six (6) years</b> from date closed, then destroy.</p> <p>1.1B. Retain in emergency services electronic case management database for <b>six (6) years</b>, then destroy.</p>
2	<p><b>DIVISION OF ELIGIBILITY WAIVER SERVICES (DEWS)</b></p> <p><b>2.1 Home and Community Based Waiver Program Client Records:</b> include: applications for program enrollment, form letters/correspondence, requested verifications, e.g., birth certificates, social security cards, insurance policies, bank statements, database and eligibility file/system print-outs.</p> <p><b>2.2 Primary Adult Care (PAC) Program Client Records:</b> include: applications for program enrollment, form letters/correspondence, requested verifications, e.g., birth certificates, social security cards, insurance policies, bank statements, database and eligibility file/system print-outs.</p>	<p>2.1. Scan paper records to Maryland State Archives standards. Retain hardcopy for <b>one (1) year</b> then destroy. Save electronic version and back-up copy for <b>six (6) years</b> from closed date, then destroy.</p> <p>2.2. Scan paper records to Maryland State Archives standards. Retain hardcopy for <b>one (1) year</b> then destroy. Save electronic version and back-up copy for <b>six (6) years</b> from closed date, then destroy.</p>

APPROVED BY: (DHMH Official)

AUTHORIZED BY: (MD STATE ARCHIVES)

DATE: 1/11/13

DATE: 2/4/2013

SIGNATURE:

SIGNATURE:

NAME/TITLE: Debbie Ruppert, Executive Director, Office of Eligibility Services

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

## RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE  
OFFICE OF ELIGIBILITY SERVICES

Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
2	<p><b>DIVISION OF ELIGIBILITY WAIVER SERVICES (DEWS)</b></p> <p><b>2.3 Family Planning (FP) Program Client Records:</b> include: applications for program enrollment, form letters/correspondence, requested verifications, e.g., birth certificates, social security cards, insurance policies, bank statements, database, and eligibility file/system print-outs.</p> <p><b>2.4 Women's Breast and Cervical Cancer Health (WBCCHP) Program Client Records:</b> include: applications for program enrollment, form letters/correspondence, requested verifications, e.g., birth certificates, social security cards, insurance policies, bank statements, database and eligibility file/system print-outs.</p> <p><b>2.5 Employed Individuals with Disabilities (EID) Program Client Records:</b> include: applications for program enrollment, form letters/correspondence, requested verifications, e.g., birth certificates, social security cards, insurance policies, bank statements, database and eligibility file/system print-outs.</p>	<p>2.3. Scan paper records to Maryland State Archives standards. Retain hardcopy for <b>one (1) year</b> then destroy. Save electronic version and back-up copy for <b>six (6) years</b> from closed date, then destroy.</p> <p>2.4. Scan paper records to Maryland State Archives standards. Retain hardcopy for <b>one (1) year</b> then destroy. Save electronic version and back-up copy for <b>six (6) years</b> from closed date, then destroy.</p> <p>2.5. Scan paper records to Maryland State Archives standards. Retain hardcopy for <b>one (1) year</b> then destroy. Save electronic version and back-up copy for <b>six (6) years</b> from closed date, then destroy.</p>

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Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
3	<p><b>DIVISION OF RECIPIENT ELIGIBILITY PROGRAMS (DREP)</b></p> <p><b>3.1 CARES (Clients' Automated Resources and Eligibility System)/MMIS (Medicaid Management Information System) Unit</b></p> <p><b>3.1A. CARES/MMIS Unit Files:</b> include the following documents produced and/or maintained by DREP for the purpose of establishing, deleting, correcting or maintaining Medicaid eligibility. (Documents beginning with HMFR, HMMR, HMFM or HMFB are computer generated report identifiers only and do not refer to a department program).</p> <ul style="list-style-type: none"> <li>• DHR (Department of Human Resources)/IMA (Income Maintenance Administration)-81 Administrative Error Report</li> <li>• HMFR-1942-R001-Daily Certification/Turnaround Document (CTAD)</li> <li>• HMMR 1184 – Daily process summary – MMIS II</li> <li>• HMFR 3300-R001 – Possible duplicate recipient - birth/sex daily</li> <li>• HMFR 9140-R001-Recipient On-Line Cross Reference Report</li> <li>• Enrollment Reconciliation-HMFR 8900</li> <li>• HMFR 1112-R001-Counts by coverage group per local health department</li> <li>• HMFR 1110-R001-Eligibility count of last twelve months of MA eligibility</li> <li>• HMFR 1120-R002-Eligibility counts by race/sex</li> <li>• HMFR 1120-R001 – Eligibility counts by age</li> <li>• HMFR 1967-R002-CARES/MMIS II Reconciliation report – Recipients active on CARES not active on MMIS-II</li> <li>• HMFR 1968-R002-CARES/MMIS-II Reconciliation Report – Recipients active on MMIS-II – not active on CARES</li> <li>• HMFR 9120-R001-Newborn report of cases not processed by CARES-DHR Eligibility Sys</li> <li>• DHMH 4541-Conflicting Data Report</li> <li>• DHMH 1184- Hospital Report of Newborns</li> <li>• HMMR 6761-S13 (Children under 19) ACE (Accelerated Certification of Eligibility) cases with eligibility ending a specific month</li> <li>• HMMR 6760-P02 (Pregnant Women) ACE cases with eligibility ending on specific month</li> <li>• HMFM 1111-R001-Eligibility Counts by coverage group and resident county</li> <li>• HMMR 1510-R001 – Counts by coverage group and age of recipient</li> <li>• HMFR 4010-Terminated refugee status.</li> </ul>	<p>3.1A. Retain in office for <b>two (2) years</b> then transfer to State Records Center for <b>four (4) years</b> and until all audit requirements are met, then destroy.</p>

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Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
3	<p><b>DIVISION OF RECIPIENT ELIGIBILITY PROGRAMS (DREP)</b></p> <p><b>3.1B. Audit Trails for CARES/MMIS Unit Files</b></p> <p><b>3.1C. Electronic case records:</b> any electronic records including those scanned and archived in an electronic document management system.</p> <p><b>3.2 Long Term Care (LTC) Unit</b></p> <p><b>3.2A.</b> The following documents are produced and/or maintained by DREP for the purpose of establishing, deleting or maintaining Medicaid eligibility. (Documents beginning with HMFR or HMMR are computer generated report identifiers only and do not refer to a department program).</p> <ul style="list-style-type: none"> <li>• Exception Report-206C Requests</li> <li>• Penalty Form for Screen 4- Form 813</li> <li>• Less than 30 day Stay form DES (Division of Eligibility Services)-501</li> <li>• Certification for Inpatient Addictions Services in a Psych Facility (Under 21 Program) DHMH 2324</li> <li>• Recipient File Split Bill Amount/Screen 4 Update Request- Form DHMH 4571</li> <li>• Hospice/Hospice Adjustment Form</li> <li>• Waiver and Waiver Adjustment Form</li> <li>• CARES Reconciliation Report HMMR 1960</li> <li>• Certification/Turnaround Document HMFR 1942-R001</li> <li>• LTC Recipient Span Audit Trail</li> </ul> <p><b>3.2B. Audit Trails for CARES/MMIS Unit Files</b></p> <p><b>3.2C. Electronic case records:</b> any electronic records including those scanned and archived in an electronic document management system.</p>	<p>3.1B. Processing of forms/reports in 3.1A. creates audit trails. All audit trails are maintained for <b>seven (7) years</b>, then destroy.</p> <p>3.1C. Scan paper records to Maryland State Archives standards. Retain hardcopy for <b>one (1) year</b>, then destroy. Maintain all electronic records in document management system for <b>six (6) years</b> after case closes, then destroy.</p> <p>3.2A. Retain all paper forms/reports for <b>two (2) years</b> then transfer to State Records Center for <b>four (4) years</b> and until all audit requirements are met, then destroy.</p> <p>3.2B. Processing of forms/reports in 3.2A. creates audit trails. All audit trails are maintained for <b>seven (7) years</b>, then destroy.</p> <p>3.2C. Scan paper records to Maryland State Archives standards. Retain hardcopy for <b>one (1) year</b>, then destroy. Maintain all electronic records in document management system for <b>six (6) years</b>, then destroy.</p>



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3	<p><b>DIVISION OF RECIPIENT ELIGIBILITY PROGRAMS (DREP)</b></p> <p><b>3.3 Medicare Buy-in Unit</b></p> <p><b>3.3A</b> The following documents are produced and/or maintained by DREP for the purpose of establishing, deleting or maintaining Medicaid eligibility. (Documents beginning with HMFM or HMFB are computer generated report identifiers only and do not refer to a department program).</p> <ul style="list-style-type: none"> <li>• HMFB 8225-Acknowledgement Report – CMS (Centers for Medicare and Medicaid Services)</li> <li>• Buy-in Premiums by Coverage Group HMFB 8265</li> <li>• Buy-in Codes HMFB 8260</li> <li>• Counts by Coverage Group/Local HMFM 1111</li> <li>• Medicare/Medicaid Recipients HMFB 8250</li> <li>• Preliminary Extract HMFB 2110</li> <li>• Qualifying Individuals I-S-14-HMFB 8380</li> <li>• Buy-in Tables/Update</li> <li>• Transaction Audit Trail</li> <li>• Buy-in History</li> <li>• Agreements – Vital Statistics</li> <li>• Medicare, SSA (Social Security Administration) and CMS information, bulletins regarding Medicare benefits</li> <li>• QMB (Qualified Medicare Beneficiary)/SLMB (Specified Low-Income Medicare Beneficiary) Programs</li> <li>• Social Security Enrollment Database Reports</li> <li>• CMS monthly billing statements</li> </ul> <p><b>3.3B. Electronic case records:</b> any electronic records including those scanned and archived in an electronic document management system.</p> <p><b>3.3C. CMS Bulletins</b></p>	<p>3.3A. Retain in office for <b>seven (7) years</b> then destroy.</p> <p>3.3B. Scan paper records to Maryland State Archives standards. Retain hardcopy for <b>one (1) year</b>, then destroy. Maintain all electronic records in document management system for <b>six (6) years</b>, then destroy.</p> <p>3.3C. Bulletins are on file for <b>three (3) years</b> then destroy.</p>

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Item No.	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
4	<p><b>MONITORING AND SPECIAL PROJECTS DIVISION</b></p> <p><b>4.1. Medicaid Eligibility Quality Control Files</b></p> <p><b>4.1A.</b> Quality Control files document Medical Assistance case file reviews, and may contain copies of items from individual case records.</p> <p><b>4.1B.</b> Quality Control maintains electronic records supporting annual reports to CMS, and may have scanned documents from individual case records.</p> <p><b>4.2. Quality Assurance Files</b></p> <p><b>4.2A.</b> Quality Assurance files document reviews and analysis of eligibility processes and may contain copies of items from individual case records.</p> <p><b>4.2B.</b> Quality Assurance maintains electronic records supporting reviews and analysis of eligibility processes, and may have scanned documents from individual case records.</p>	<p>4.1A. Retain for <b>two (2) years</b> then transfer to State Records Center for <b>four (4) years</b> and until all audit requirements are met, then destroy.</p> <p>4.1B. Scan paper records to Maryland State Archives standards. Retain hardcopy for one (1) year, then destroy. Maintain all electronic records in secure files for <b>six (6) years</b> and until audit requirements are satisfied, then destroy.</p> <p>4.2A. Retain for <b>two (2) years</b> then transfer to State Records Center for <b>four (4) years</b> and until all audit requirements are met, then destroy.</p> <p>4.2B. Scan paper records to Maryland State Archives standards. Retain hardcopy for one (1) year, then destroy. Maintain all electronic records in secure files for <b>six (6) years</b> and until audit requirements are satisfied, then destroy.</p>



<p><b>DHMH Instructions</b> -Make a list of all files. Determine whether each is non-record, record material or both. Group into Record Series. Prepare a separate inventory form for each Record Series identified. All Record Series are to be listed on a Schedule Form. Forward all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DHMH Records Officer thru your Records Coordinator.</p>		<p>DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379</p>		<p><b>DHMH RECORDS INVENTORY</b></p> <p>PAGE <u>  2  </u> OF <u>  20  </u></p>																																
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<p>11. File is Used      Daily      Weekly      <input checked="" type="checkbox"/> Monthly      Annually</p>			<p>12. File Becomes Inactive After _____ Month(s) Number      Year(s)</p>																																	
<p>13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 5<sup>th</sup> Fl, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p>Yes    <input checked="" type="checkbox"/>    No      Agency/ Format _____</p>																																	
<p>15. Privacy / Access Restrictions      Yes      <input checked="" type="checkbox"/> No</p> <p>Personal    Medical    Proprietary    Classified    Other _____</p> <p>(If Yes, cite Law(s) &amp; Regulation(s)    HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements      <input checked="" type="checkbox"/> None      Internal      OIG</p> <p>Legislative      Federal      Independent</p>																																	
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p>Yes      No      _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p><b>Retain in emergency services electronic case management database for <b>six (6) years</b>, and then destroy.</b></p>																																	
<p>19. Name and Title of Preparer <b>WALTER ZERLAUT</b> <b>DHMH RECORDS OFFICER</b> E-mail address: <a href="mailto:walter.zerlaut@maryland.gov">walter.zerlaut@maryland.gov</a></p>		<p>20. Location:  201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date <b>SEPTEMBER 14, 2012</b></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.					
4. Record Series Title <b>2.1. Home and Community Based Waiver Program Client Records</b>				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.) <b>DIVISION OF ELIGIBILITY WAIVER SERVICES (DEWS)</b>  <b>2.1 Home and Community Based Waiver Program Client Records:</b> include: applications for program enrollment, form letters/correspondence, requested verifications, e.g., birth certificates, social security cards, insurance policies, bank statements, database and eligibility file/system print-outs.					
7. Record Series Format(s) List all Paper: Film / tape: Electronic: X Letter Size Film/Slides Kept on Hard Drive (35mm, etc) Legal Size Microfilm/ Computer Tape Microfiche Rolls ____ Audio Tape Floppy Disk  Bound Book Video Tape CD,DVD,etc  Card ____ Other (specify)_____		8. Record Series Sequence  Alphabetical  Numerical  x 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      x Monthly      Annually			12. File Becomes Inactive After      _____ Month(s) Number      Year(s)		
13. Current Location(s)      (Bldg., Floor, Room) 201 Preston St, 5 <sup>th</sup> Fl, BALTIMORE AND OTHER LOCATIONS			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)  Yes      x No      Agency/ Format _____		
15. Privacy / Access Restrictions      Yes      x No Personal Medical Proprietary Classified Other _____ (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS			16. Audit Requirements      x 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) <b>Scan paper records. After scanning, perform a 10% random verification. Retain hardcopy for one (1) year then destroy. Save electronic version and back-up copy for six (6) years from closed date, then destroy.</b>		
19. Name and Title of Preparer <b>WALTER ZERLAUT</b> <b>DHMH RECORDS OFFICER</b> E-mail address: walter.zerlaut@maryland.gov		20. Location:  201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5		21. Date <b>SEPTEMBER 14, 2012</b>	

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<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.) <b>DIVISION OF RECIPIENT ELIGIBILITY PROGRAMS (DREP)</b> <b>3.1 CARES (Clients' Automated Resources and Eligibility System)/MMIS (Medicaid Management Information System) Unit</b> <b>3.1A. CARES/MMIS Unit Files:</b> include the following documents produced and/or maintained by DREP for the purpose of establishing, deleting, correcting or maintaining Medicaid eligibility. (Documents beginning with HMFR, HMMR, HMFM or HMFB are computer generated report identifiers only and do not refer to a department program).</p> <ul style="list-style-type: none"><li>• DHR (Department of Human Resources)/IMA (Income Maintenance Administration)-81 Administrative Error Report</li><li>• HMFR-1942-R001-Daily Certification/Turnaround Document (CTAD)HMMR 1184 – Daily process summary – MMIS II</li><li>• HMFR 3300-R001 – Possible duplicate recipient - birth/sex daily</li><li>• HMFR 9140-R001-Recipient On-Line Cross Reference Report</li><li>• Enrollment Reconciliation-HMFR 8900</li><li>• HMFR 1112-R001-Counts by coverage group per local health department</li><li>• HMFR 1110-R001-Eligibility count of last twelve months of MA eligibility</li><li>• HMFR 1120-R002-Eligibility counts by race/sex</li><li>• HMFR 1120-R001 – Eligibility counts by age</li><li>• HMFR 1967-R002-CARES/MMIS II Reconciliation report – Recipients active on CARES not active on MMIS-II</li><li>• HMFR 1968-R002-CARES/MMIS-II Reconciliation Report – Recipients active on MMIS-II – not active on CARES</li><li>• HMFR 9120-R001-Newborn report of cases not processed by CARES-DHR Eligibility Sys</li><li>• DHMH 4541-Conflicting Data Report</li><li>• DHMH 1184- Hospital Report of Newborns</li><li>• HMMR 6761-S13 (Children under 19) ACE (Accelerated Certification of Eligibility) cases with eligibility ending a specific month</li><li>• HMMR 6760-P02 (Pregnant Women) ACE cases with eligibility ending on specific month</li><li>• HMFM 1111-R001-Eligibility Counts by coverage group and resident county</li><li>• HMMR 1510-R001 – Counts by coverage group and age of recipient</li><li>• HMFR 4010-Terminated refugee status.</li></ul>					
<p>7. Record Series Format(s) List all</p> <p>Paper: Film / tape: Electronic: X Letter Size Film/Slides Kept on Hard Drive (35mm, etc) Legal Size Microfilm/ Computer Tape Microfiche Rolls ____ Audio Tape Floppy Disk Bound Book Video Tape CD,DVD,etc Card ____ Other (specify)_____</p>		<p>8. Record Series Sequence</p> <p>Alphabetical  Numerical  x Chronological  Geographical  Other (specify)_____</p>		<p>9. Volume</p> <p>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)</p>	
<p>11. File is Used Daily Weekly x Monthly Annually</p>		<p>12. File Becomes Inactive After _____ Month(s) Number Year(s)</p>			
<p>13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 5<sup>th</sup> Fl, BALTIMORE AND OTHER LOCATIONS</p>		<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) Yes x No Agency/ Format_____</p>			
<p>15. Privacy / Access Restrictions Yes x No Personal Medical Proprietary Classified Other _____ (If Yes, cite Law(s) &amp; Regulation(s) HIPAA, PERSONNEL REGS</p>		<p>16. Audit Requirements x None Internal OIG Legislative Federal Independent</p>			
<p>17. Is an Index System used? If yes, explain briefly and describe requirements Yes No _____</p>		<p>18. Recommended Retention: In Office And In Storage (Each Format) <b>Retain in office for two (2) years then transfer to State Records Center for four (4) years and until all audit requirements are met; then destroy.</b></p>			
<p>19. Name and Title of Preparer <b>WALTER ZERRLAUT</b> <b>DHMH RECORDS OFFICER</b> E-mail address: <a href="mailto:walter_zerrlaut@maryland.gov">walter_zerrlaut@maryland.gov</a></p>		<p>20. Location:  201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date <b>SEPTEMBER 14, 2012</b></p>	



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DGS 550-4 (DHMH Rev. 2002 )

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<p>17. Is an Index System used? If yes, explain briefly and describe requirements Yes No _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format) <b>Bulletins are on file for <u>three (3) years</u> then destroyed.</b></p>		
<p>19. Name and Title of Preparer <b>WALTER ZERRLAUT DHMH RECORDS OFFICER</b> E-mail address: <a href="mailto:walter.zerrlaut@maryland.gov">walter.zerrlaut@maryland.gov</a></p>		<p>20. Location:  201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date <b>SEPTEMBER 14, 2012</b></p>	



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<p>13. Current Location(s) (Bldg., Floor, Room) 201 Preston St, 5<sup>th</sup> Fl, BALTIMORE AND OTHER LOCATIONS</p>			<p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.)</p> <p>Yes   <input checked="" type="checkbox"/>   No      Agency/ Format _____</p>																																				
<p>15. Privacy / Access Restrictions      Yes      <input checked="" type="checkbox"/> No</p> <p>Personal   Medical   Proprietary   Classified   Other _____</p> <p>(If Yes, cite Law(s) &amp; Regulation(s)      HIPAA, PERSONNEL REGS</p>			<p>16. Audit Requirements      <input checked="" type="checkbox"/> None      Internal      OIG</p> <p>Legislative      Federal      Independent</p>																																				
<p>17. Is an Index System used? If yes, explain briefly and describe requirements</p> <p>Yes      No      _____</p>			<p>18. Recommended Retention: In Office And In Storage (Each Format)</p> <p><b>Scan paper records. After scanning perform a 10% random verification. Retain hardcopy for one (1) year, then destroy. Maintain all electronic records in secure files for <b>six (6) years</b> and until audit requirements are satisfied.</b></p>																																				
<p>19. Name and Title of Preparer</p> <p><b>WALTER ZERRLAUT</b> <b>DHMH RECORDS OFFICER</b> E-mail address: <a href="mailto:walter.zerlaut@maryland.gov">walter.zerlaut@maryland.gov</a></p>		<p>20. Location:</p> <p>201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-3598 Room # ROOM LL-5</p>		<p>21. Date</p> <p><b>SEPTEMBER 14, 2012</b></p>																																			