RECORDS INVENTORY AND RETENTION SCHEDULE COVER SHEET

Schedule Number

(To be completed by DGS/Records Management Division)

DDDDAL

Agency Information Department / Agency Maryland Department of Health **Division / Unit Office of Medical Benefits Management** Mission Statement/Link to division/unit website https://health.maryland.gov/mmcp/Pages/About-Our-Programs.aspx

Schedule Information

| Supersedes Schedule(s) | |
|------------------------|------|
| Amends Schedule(s) | 2229 |

Preparer Information

| ame of Preparer Walter Zerrlaut | |
|---------------------------------|------------------------------|
| Title of Preparer | Records Officer Designee |
| Preparer Email Address | walter.zerrlaut@maryland.gov |
| Preparer Telephone Number | 410-767-3598 |
| Date | 6/15/22 |

Agency Approval

| Name of Agency Director | Greer Dorsey |
|---------------------------|-----------------|
| Agency Director Signature | Greer A. Dorsey |
| Date | 0 6/21/2022 |

State Archivist Approval

| State Archivist Approval | |
|---------------------------|---------|
| State Archivist Signature | Maluan |
| Date | 9/21/22 |

If scanning, scan to Maryland State Archives standards and destroy originals. Scanned images must be kept in accordance with the same retention periods assigned to the paper version of the record. A certificate of records disposal request must be submitted to the MDH Records Management Office for review and approval prior to the disposal of any record materials identified in this records schedule. This includes paper records that are scanned immediately upon receipt, paper records that have reached maturity and electronic records that have reached maturity. After disposal, a disposal certificate will be filed with the Maryland State Archives by the MDH Records Office.

| DEPARTMENT OF GENERAL SERVICES-STATE RECORDS CENTER | | | SCHEDULE NUMBER 2229 | |
|---|---|-------------------------------------|--|----------------------------|
| RECORDS RETENTION AND DISPOSAL SCHEDULE | | | | |
| DEPARTMENT OF HEALTH & MENTAL HYGIENE | | | | |
| HC | | | | |
| Item No. | Description of Records Series (from Inventory F | | MINISTRATION/BOARD Authorized Retention | Period & Instructions |
| | This schedule superscedes schedules,1042,1189,146 | 7. | | |
| | Division of Children Services | . , | | |
| 1. | a. Head Start | | Retain in office for Three(3) years, then send to State Records Center for four(4) years, then | |
| | b. Oral Health – Dental | | destroy. | |
| | c. MCO Dental Services | | | |
| | d. Fee For Service Dental | | | |
| 5.0.14 | e. EPSDT – Audio logy Program and Hearing Pre-Authorization | Aid | | |
| | f. Occupational/Speech/Physical Therapy Fo Children and Adults, Chiropractic, Vision Pre-Authorization | | | |
| | g. EPSDT – Policy, Certification and QA Stan Lead Screening to Immunizations, Nutritio Foster, Kinship to Juvenile Justice Health | n; | | -42,5 ° -568 |
| | h. Special Needs Children (SSI/DDA) Medical Records AD Hoc Reviews | | | 1 2 |
| | i. EPSDT Therapeutic Aides, Provider Traini | ng | | |
| | j. Health and Substance Abuse for Children, Start | Head | | |
| | Division of Health Choice Customer Relations | | Retain in office for three(3) years, then send to State Records Center for four(4) years, then destroy | |
| 2. | a. Enrollee Action | | | |
| b. Provider Hotl | | | desitoy | |
| | Division of Outreach and Care Coordination | 6 | Retain in office for Thr | ee (3) vears, then send |
| 3. | a. O to MCO Program Consultant Files | | to State Records Cente | er for four (4) years then |
| | b. Compliant Resolution files | | destroy | |
| | c. Care Coordination-Ombudsman Programs | | | |
| | d. Family Planning | | | |
| | e. Healthy Start | - 1 | | |
| | f. QB Services/MCHP Outreach | | | |
| | | | | |
| APPROVE | D BY: (DHMH Official) | UTHOR | ZED BY: (MD STATE | ARCHIVES) |
| DATE | ril m/ | | DEC 0 9 2002 | |
| DATE: DATE: | | | - 0 , 1 | |
| SIGNATURE: Signatu SIGNATU | | JRE: I dward C. Jepoprop | | |
| NAME/TITLE: <u>Etective</u> Director NAME/TIT ARCHIVIS | | TLE: EDWARD C PAPENFUSE, JR., STATE | | |
| | | | | |

DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION

SCHEDULE NUMBER 2229

PAGE 2 OF 3_

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE OFFICE OF HEALTH SERVICES II

| Item No. 4 | Record Series Description Division of Health Choice Management Ouality Assurance a. MCO Rates b. Provider Contracts c. Market Conduct Studies d. Prompt Pay e. MCO Applications f. Program Survey Questions | Retention State Record Retain in office for five (5) years, then send to Center for five(5) years, then destroy |
|------------|---|--|
| 5. | g. MIS Reports h. MCO Provider Network i. MCO Enrollee and Provider Templates j. MCO Marketing k. MCO Regulations l. Provider/Enrollee Satisfaction Surveys m. Quality Reporting n. Clinical Review o. EQRO Audit, Qip Health Risk Assessment | |
| | Review Division of Hospital and Physician Services a. a. SURS Case Review, Transplant/Hospital b. Hospital Programs c. Physician, Nurse Practitioners to Podiatry Services d. SURS Control e. Bill Audit Files | Retain in office for two(2) years, then transfer to State Records Center for four(4) years, then destroy |
| 6. | Division of Healthy Kids a. EPSDT Review b. Healthy Kids Record Review Immunization c. MCO/HMO Child QA, Provider | Retain in office for three (3) years and then transfer to State Records Center for four(4) years, then destroy |

HCF

| DEPARTMENT OF GENERAL SERVICES-STATE RECORDS CENTER | | SCHEDULE NUMBER 2229 | |
|---|--|--|-------------------------|
| RECORDS RETENTION AND DISPOSAL SCHEDULE | | PAGE 3 OF 3 | |
| DEPARTMENT OF HEALTH & MENTAL HYGIENE HCF OFFICE OF HEALTH SERVICES II | | | |
| | | DMINISTRATION/BOARD | n Period & Instructions |
| Item No. | Description of Records Series (from Inventory Form) | Authorized Retention | n Period & Instructions |
| 7. | Division of Pharmacy & Clinic Services a. Pharmacy Policy & Pre-Authorization b. Pharmacy Assistance, Mfg. Rebate c. Pharmacy Pre-Authorization, Nutritional Supplements. d. MCO Pharmacy Review e. (DUR) Drug Utilization Review Board f. Clinic Services (FQHC, MQHC,LHD) g. Free Standing Ambulatory Surgical Centers h. Free Standing Dialysis | Retain in office for transfer to State R four(4) years, then | |
| | | | |