

RECORDS INVENTORY AND RETENTION SCHEDULE COVER SHEET

Schedule Number <small>(To be completed by DGS/Records Management Division)</small>	2428A3
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Agency Information

Department / Agency	Maryland Department of Health
Division / Unit	Office of Medicaid Provider Services (OMPS)
Mission Statement/Link to division/unit website	https://health.maryland.gov/Pages/operations.aspx

Schedule Information

Supersedes Schedule(s)	
Amends Schedule(s)	2428

Preparer Information

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Date	6/22/22

Agency Approval

Name of Agency Director	Greer Dorsey
Agency Director Signature	<i>Greer A. Dorsey</i>
Date	6/27/2022

State Archivist Approval

State Archivist Signature	<i>[Signature]</i>
Date	7/6/23

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.

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE

OFFICE OF OPERATIONS, ELIGIBILITY & PHARMACY (OOEP)-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>
<p>APPROVED BY: (DHMH Official) DATE: <u>JUL 17 2007</u></p> <p>SIGNATURE: <u>Charles E. Lehman/pf</u></p> <p>NAME/TITLE: CHARLES LEHMAN, EXECUTIVE DIRECTOR, OOEP</p>		<p>AUTHORIZED BY: (STATE ARCHIVES) DATE: <u>31 AUG 07</u></p> <p>SIGNATURE: <u>Edward C. Papenfuse</u></p> <p>NAME/TITLE: EDWARD C PAPERFUSE, JR., STATE ARCHIVIST</p>

RECORDS RETENTION AND DISPOSAL SCHEDULE

DEPARTMENT OF HEALTH & MENTAL HYGIENE

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

Item	Description of Records Series (Program, forms, etc.)	Authorized Retention Period & Instructions
2	<p><u>DIVISION OF RECOVERIES AND FINANCIAL SERVICES:</u></p> <p><u>2.1. EXECUTIVE / ADMINISTRATIVE UNIT</u></p> <p>B. Health Management Systems (HMS) or Current TPL Contract</p> <p>(1) Administrative Transmittals relative to the TPL Contract and/or between the current contractor and the Division, include</p> <ul style="list-style-type: none"> • incoming and outgoing correspondence • e-mails • memorandum, etc. <p>(2) Invoices – Include:</p> <ul style="list-style-type: none"> • HMS (or other current contractor) Data Match invoices • Medicare, • CDR (or other current contractor) Audits (Nursing Homes, Mental Health and Hospital Credit Balance) • HMS (or other current contractor) Audits (Mental Health and Commercial Insurance) <p>(3) RFP Proposals and Lock Box Information</p> <p><u>2.2. LEGAL ADMINISTRATION – ESTATES AND LIENS UNIT</u></p> <p>A. Closed Lien Files – Files include closed cases that had liens filed on real property of MA recipients. Cases were closed with or without payment and Notice of Lien Releases were sent to the appropriate Court.</p> <p>B. Closed Estate Files – Files include closed Estate cases. Cases were closed with or without payment and notification of closure was sent to the appropriate Register of Wills.</p> <p>C. Miscellaneous Closed Lien and/or Estates Estate and/or Lien cases that were closed prior to the establishment of a case.</p>	<p>2.1B (1)-(3) Retain for five (5) years after completion of contract, and then destroy.</p> <p>2.2 A-C. 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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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 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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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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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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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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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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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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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>	<p>6 A-F. Retain files in office for six (6) years and until all audit requirements are met, then destroy.</p>

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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>