

## Retention and Classification Report

**Agency:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services (764)  
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**Records Officer:** \_\_\_\_\_

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**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8145

3

**TITLE:** Accounting distribution of warrants

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer printout showing expenditures on the medicaid program by types of service. Used as an audit tool. This list includes the run and report dates, the range of warrant numbers, the dates of the warrants, the low organizational, account, and activity codes, the amount of the warrants, the account title, and the service for which the warrant was issued (Inpatient Hospital, Outpatient Hospital, etc.).

**RETENTION:**

Retain for 6 month(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 6 months and then destroy.

**APPRAISAL:**

These records have administrative value(s).

This record is kept elsewhere and does not need to be retained past its administrative value.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8147

4

**TITLE:** Administrative files

**DATES:** i 1984-

**ARRANGEMENT:** alphabetical

**DESCRIPTION:**

These records document the function, and the internal administration and housekeeping activities of this bureau's office. Included in these records are copies of outgoing correspondence/memoranda and original correspondence/memoranda; copies of reports, and records accumulated in the bureau's daily activities.

**RETENTION:**

Permanent. Retain for 2 year(s)

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 2 years and then transfer to State Archives with authority to weed.

**APPRAISAL:**

These records have administrative, and/or historical value(s). Most of these records have administrative value only and need to be retained for only two years. However, some records may be valuable in documenting the function and activities of the bureau and should be retained permanently. Records under "1" are papers that do not document official actions, such as notices of holidays, or charity and welfare fund appeals. Records under "2" relate to the office organization, staffing, procedures, and communications; daily administration of office personnel; office supplies, services and equipment requests and receipts; office space use and utilities. Records which are duplicates of information filed elsewhere should also permanently retained.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8147

**TITLE:** Administrative files

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 15142

3

**TITLE:** Administrative hearings

**DATES:** 1980-

**ARRANGEMENT:** Chronological by hearing date

**DESCRIPTION:**

Records of hearings conducted as part of the regulatory process and hearings on proposed rules and changes; they may be maintained with related information including meeting notices, proofs of publications, meeting minutes, and the conclusions reached. UCA 52-4-200 (2009) requires that written minutes be kept of all open meetings. May include audio and video recordings.

**RETENTION:**

Permanent. Retain for 2 year(s)

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series is authorized by Archives general schedule Administrative hearing records, GRS-1655.

**AUTHORIZED:** 11-06-2018

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 2 years or until no longer active and then transfer to State Archives with authority to weed.

Paper copy: Retain in Office for 5 years and then destroy.

**PRIMARY DESIGNATION:**

Public

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8125

3

**TITLE:** Advance payment program report

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output also used as an input document. This is used to inform the bureau of any payments to the health care providers and they in turn input the information into their system. This record includes the run and report date, the name and identification number of the health care provider, the advance payment program amount, the beginning amount, the amount of submitted claims, the adjusted advance payment program amount, the paid amount, and the ending advance payment program amount.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

Several copies of this report are generated. Therefore, this bureau need not keep its copy past its administrative value.



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8125

**TITLE:** Advance payment program report

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8170

3

**TITLE:** Alpha list

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a part of COM 68075C, MMIS RCT51, RCT53, RCT55, RCT57, RCT50 reports. It includes run date, family last name, case number, individual's identification number, the category code, the name, age, sex, and date of birth of the recipient, and the date the case opened.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
As a master copy of this fiche is produced, there is no reason for the bureau to keep their copy beyond its administrative value.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8150

3

**TITLE:** Alphabetic by client last name

**DATES:** 1981-

**ARRANGEMENT:** Alphabetical by client last name

**DESCRIPTION:**

This is a COM report produced bi-monthly listing those clients receiving medical assistance. It includes date of the report, county and district code, type of assistance, category of assistance, case number, client identification number, client name, effective date of assistance, client's date of birth, sex, and the amount of assistance payments.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

Discussion with the staff indicates that they have no use for this record. As 31 masters and 75 other duplicate copies are made of this fiche, there is no reason for the bureau to maintain their copies.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8150

**TITLE:** Alphabetic by client last name

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8157

3

**TITLE:** Alphabetical diagnosis code

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a COM prepared monthly listing the medicaid codes for diagnosis to be used by health care providers when submitting claims for reimbursement. It includes the report date, the diagnosis code number and name, the minimum and maximum ages and sex of the patients for which the diagnosis would apply, and if the diagnosis involved an accident, an emergency, or family planning.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s). Discussion with the staff indicates that they have no need for this record. As one master and 12 other copies of the fiche are produced, there is no reason for the bureau to keep its copy.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8172

3

**TITLE:** Assistance payments administration--recipient synchronization

**DATES:** 1983-

**ARRANGEMENT:** none

**DESCRIPTION:**

This is a computer output generated monthly comparing the Assistance Payments Administration (APA) list of recipients with the Medicaid Management Information System (MMIS) list. This is on both paper and on COM as part of COM number 68075D. It includes the date of the report, the APA recipient identification number, the APA case number, the MMIS recipient identification number, the MMIS case number, the recipient's name, and the reason for the error.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until updated and then destroy.

Microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

As this information is duplicated in many places, there is no necessity for keeping it in this bureau past its administrative value.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8172

**TITLE:** Assistance payments administration--recipient synchronization

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8151

3

**TITLE:** Bi-monthly medical assistance client listing

**DATES:** 1981-

**ARRANGEMENT:** Numerical by case number

**DESCRIPTION:**

This is a COM listing issued bi-monthly of the clients receiving medical assistance. It includes report date, county or district code, type of assistance, category of assistance, case number, client identification number, client name, effective date of assistance, client's date of birth, sex, and the amount of assistance payments.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

Discussion with the bureau staff discloses that they have no use for this record. As there are one master and 71 duplicate copies for this fiche produced, there is no need for them to keep it.



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8151

**TITLE:** Bi-monthly medical assistance client listing

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 14177

3

**TITLE:** Children's special medical needs approvals and denials

**DATES:** 1991-

**ARRANGEMENT:** Alphabetical by child surname

**ANNUAL ACCUMULATION:** 3.00 cubic feet.

**DESCRIPTION:**

These are records of children, under the age of twelve, that are seeking medical assistance for their special health needs. The applications are submitted by health care providers for payment of special items, such as wheel chairs, leg braces, crutches, etc. Also used for medical procedures for the children.

Information includes application, approval or denial letters, specific items or medical procedure requested, and reason for agency approval or denial.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 06/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).

This disposition is based on the administrative needs expressed by the agency.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 14177

**TITLE:** Children's special medical needs approvals and denials

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 17313

3

**TITLE:** Chiropractic prior approvals

**DATES:** 1993-

**ARRANGEMENT:** Alphabetical by client surname, thereunder chronological by year

**ANNUAL ACCUMULATION:** 6.00 cubic feet.

**DESCRIPTION:**

These files document individuals on medicaid and medicare requesting payment for chiropractic services. The information includes statements from chiropractor, patient eligibility, and medical documentation of patient. Information includes medical code number, medical procedure, client name, and client identification number.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 06/1997

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 17313

**TITLE:** Chiropractic prior approvals

(continued)

**PRIMARY DESIGNATION:**

Private

UCA 63G-2-302 (2008)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8132

3

**TITLE:** Choice of health care delivery

**DATES:** 1982-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a form filled out by medicaid applicants to choose the type of health care they wish to have. They may choose to join a Health Maintenance Organization, an Independent Practice Association, or Case Management. The form is then used as an input document for the MMIS data system. It includes the client's choice of joining a Health Maintenance Organization (HMO), an Independent Practice Association, or Case Management, the dates the client previously enrolled, and terminated one of the three choices, if the client had never previously enrolled, and the new start date, the client's identification number, name, address, telephone number, the primary health care provider's name(s), identification number(s) of client children and their provider's name, address, telephone numbers, and identification numbers, the client's signature, and date of signing, and the date the physician letter was sent.

**RETENTION:**

Retain for 4 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 6 months and then transfer to State Records Center. Retain in State Records Center for 4 years and then destroy.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services  
**SERIES:** 8132  
**TITLE:** Choice of health care delivery

(continued)

**APPRAISAL:**

These records have administrative, and/or fiscal value(s).  
This record is subject to federal audit which is three years. As the federal government operates on a fiscal rather than a calendar year basis, these records need to be kept four calendar years. They only need to be kept in the office long enough to verify that the information on them was correctly input into the system.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 14077

3

**TITLE:** Client correspondence and daily log sheets

**DATES:** 1992-

**ARRANGEMENT:** Chronological

**ANNUAL ACCUMULATION:** 2.00 cubic feet.

**DESCRIPTION:**

These records document the daily correspondence written by the agency to clients or medical providers concerning specific clients or providers. Information also includes daily log sheets which list activities of the client case file.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 06/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 14077

**TITLE:** Client correspondence and daily log sheets

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8144

3

**TITLE:** Clients on certified list without health maintenance organization

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output listing of those clients in the medical assistance program who are not in a HMO program Used as an audit tool. This list includes the run date, the client's identification number and name, the case identification number, the medical card number, the check number, and the name of the HMO provider.

**RETENTION:**

Retain for 3 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 6 months and then destroy.

Computer output microfiche master: Retain in State Records Center for 3 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).

This information is backed up elsewhere and the paper printout needs to be kept only as long as it is administratively valuable.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8144

**TITLE:** Clients on certified list without health maintenance organization

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8137

3

**TITLE:** Closed provider file

**DATES:** 1978-

**ARRANGEMENT:** Numerical by provider number

**DESCRIPTION:**

This is the application, medicaid agreement, and other documentation submitted by health care providers to enroll in the medicaid program. This record series is divided into the following categories: pharmacies, medical transportation, optometrist, laboratories, dentists, audio-speech therapists, optical supplies, osteopaths, physical therapists, in-state and out-state hospitals, medical supplies, dialysist, birthing rooms, clinics, physicians, nursing homes, rural health, home health, and public health. The file includes institutional and non-institutional medicaid provider applications, medicaid provider agreements, signature cards, medical licenses, copies of medicare certification, notifications of change, the name and address of the health care provider, the application date, the provider's license number and date of license, the type of provider, the medicare number, the employer identification number or social security number, the categories or service offered, the number of certified beds, the name and address of clinic affiliation, the type of practice organization, the provider identification number, and the names of individuals authorized to sign medicaid claims. At the beginning of 1989 these records are recorded on optical disk. Records prior to this time will be microfilmed and kept in the office for reference.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services  
**SERIES:** 8137  
**TITLE:** Closed provider file

(continued)

Records Center. Retain in State Records Center for 8 years and then destroy.

Microfilm master: Retain in Office for 9 years and then destroy.

**APPRAISAL:**

These records have administrative, and/or legal value(s).  
As action against providers filing false medical claims can take place up to 9 years after the claim was filed, these records should be kept that long in case they would be needed to support such an action.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8174

3

**TITLE:** Correspondence file

**DATES:** 1982-

**ARRANGEMENT:** Chronological

**DESCRIPTION:**

These are copies of all correspondence and memoranda generated by the bureau.

**RETENTION:**

Permanent. Retain for 2 year(s)

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 1 year and then transfer to State Archives with authority to weed.

**APPRAISAL:**

These records have administrative, and/or historical value(s). Correspondence containing evidential value is of historical importance and should be permanent. The remaining correspondence can be weeded out and disposed of.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8108

3

**TITLE:** County expenditure summary and analysis

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the amount of money spent on the medicaid program by county. This is part of COM 68115A, MARS reports. It includes run date, effective date, month of the report, the county, the medical assistance category, and the number of inpatient claims, physician claims, nursing home claims, pharmacy claims, other claims, total claims, and the total dollar amount. The Analysis Report gives these figures by county while the Summary Report shows the totals for all counties.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until it is no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8131

3

**TITLE:** Credit balance report

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output listing health care providers who are owed money from medicaid. Used by the staff to answer inquiries from providers. It includes the run and report dates, the provider's identification number, the transaction control number, the recipient's identification number, the type of claim, and the amount of reimbursement.

**RETENTION:**

Retain until superseded

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until updated and then destroy.

**APPRAISAL:**

These records have administrative value(s).

This record is preserved elsewhere, and need not be kept past its administrative value.

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8128

3

**TITLE:** Credit form

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a data input form used to credit the accounts of health care providers. It includes the transaction code number to be adjusted, the provider and recipient identification numbers to be adjusted, the dates of service to be adjusted, the reason for the adjustment, the date of approval, and the signature of the approving official.

**RETENTION:**

Retain for 6 month(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 6 months and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
After input into the system, this record is sent to the Bureau of Medical Payments for microfilming. As a microfilm copy exists, the paper copy need only be kept until the accuracy of the information input into the system is verified.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8128

**TITLE:** Credit form

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8158

3

**TITLE:** Diagnosis code report

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a COM produced monthly listing the code numbers for medical diagnosis in numerical order for use by health care providers in submitting claims. It includes report date, the name and code number of the diagnosis, the minimum and maximum ages and sex of potential patients, and if the diagnosis resulted from an accident, an emergency, or family planning.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
According to discussion with the staff, this record is not needed by the bureau. As there are one master and 13 duplicates, there is no reason for the bureau to keep their copy.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8158

**TITLE:** Diagnosis code report

(continued)

**PRIMARY DESIGNATION:**

Public

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8139

3

**TITLE:** Difference letters

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are letters received from federal auditors on cases in which both the federal government and the Division of Health Care Financing have audited medicaid cases and have made different determinations. The letters inform the state of the federal findings and gives the state the option to agree to these findings or to disagree. They include the case name, the review number, the review period, a description of the state and federal findings on the number of paid claims, the number of total claims, and the dollar amounts of the claims, and the reason for the differences in the two findings, the signature of the federal analyst and the date of signature, whether the state agrees with the federal findings, and the signature of the state official.

**RETENTION:**

Retain for 4 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 4 years and then destroy.

**APPRAISAL:**

These records have administrative, and/or fiscal value(s). Discussion with the staff failed to turn up any use for this record or any suggested retention period. As a result, the four year period has been chosen in case this record is needed by the federal auditor.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8139

**TITLE:** Difference letters

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8154

3

**TITLE:** Drug code report

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a COM listing of the drugs currently authorized for use by health care providers for which they will receive reimbursement. It includes the report date, the drug code number, the name and description of the drug, the generic code, the name of the manufacturer, the strength, unit package, dose sizes, and unit of measure of the drug, the aid categories listing, the beginning and ending dates, the minimum quantity, and the maximum quantity.

**RETENTION:**

Retain for 6 month(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 6 months and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
In addition to the copy sent to the bureau, one master and 14 duplicates exist. The bureau copy needs only to be kept as long as it is useful to the bureau.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8109

3

**TITLE:** Drug usage frequency report

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the various drugs prescribed by medicaid providers and the frequency with which each drug is prescribed. This is part of COM 68115A, MARS report. It includes the run date, the effective date, the therapeutic class, the drug name and code number, the total prescriptions, the percent of all drugs, the percent of drug class, and the average quantity dispensed, the total expenditures, the percent of expenditures of all drugs and of the drug class and the average expenditures and usage by rank for class and expenditure and by all drugs by number and by expenditure.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 11078

3

**TITLE:** Extended hospital stay files

**DATES:** 1988-

**ARRANGEMENT:** Alphabetical by patient last name

**DESCRIPTION:**

These are outlier program patient charts, for patients on medicaid, and are used by the agency to determine extended hospital stay periods. The medicaid program has normal guidelines which determine hospital stay periods based on different medical problems. These files document special cases where the individual needs a longer hospital stay, and states the specific reasons for the extended stay. Criteria for the program administration is listed in Utah Administrative Code R414-31x (1993), Hospital Utilization Review. Information includes medical records, correspondence, outlier transmittal form, diagnosis summary, psychiatric evaluation, medication administration record, laboratory record, progress notes, and professional notes.

**RETENTION:**

Retain for 8 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 04/1995

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 11078

**TITLE:** Extended hospital stay files

(continued)

**PRIMARY DESIGNATION:**

Private

**SECONDARY DESIGNATION(S):**

Controlled. Psychiatric and Psychological information

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8114

3

**TITLE:** Financial summary

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a summary of the expenditures and receipts for the medicaid program. This is part of COM 68115A, MARS reports. It includes run date, effective date, the category of service, and figures for budget, expenditures, variance in dollar amounts and percentage, the dollar values of claims in process, and the estimated cost settlement broken out by current month, same month last year, state fiscal year to date this and last year, federal fiscal year to date, and 6 month average this year.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8127

3

**TITLE:** Gross adjustment form

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an input form used to make corrections to the accounts of medicaid providers. It includes the identification number of the provider, the category of service, the accounting code, the recipient aid category and fund type, the dates of service, the county where the recipient is located, the amount of the adjustment and the reason for the adjustment, the date of approval, and the signature of the approving official.

**RETENTION:**

Retain for 6 month(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 6 months and then destroy.

**APPRAISAL:**

These records have administrative value(s).

After this information is input into the terminal, the form is sent to the Bureau of Medical Payments to be microfilmed with the medical claims. As the record is preserved on microfilm, the paper copy needs only be kept long enough to verify that the information has been correctly input into the data system.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8127

**TITLE:** Gross adjustment form

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10487

3

**TITLE:** Home health care case files

**DATES:** 1985-

**ARRANGEMENT:** Alphabetical by client surname

**DESCRIPTION:**

These files document clients on medicaid or medicare who require special home health care. Information includes patient eligibility, medical need, type of home care required, such as nurse or aide, and medical equipment required.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 09/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.

**PRIMARY DESIGNATION:**

Private UCA 63G-2-302(2008)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8175

3

**TITLE:** Interim verification of medical eligibility

**DATES:** 1984-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a record received from the Department of Social Services issued to medical assistance recipients while a medical card is being produced. The bureau uses this copy to verify client eligibility if a question of payment arises during this interim period. This record includes the period of eligibility; the client's name, address, identification number, and primary physician or Family Health Plan; the signature and date of signature of the approving official; and the case name and case number.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

This record is only needed until the client information is entered into the data system. A one year period will suffice for all administrative needs.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8175

**TITLE:** Interim verification of medical eligibility

(continued)

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 15307

3

**TITLE:** Judicial client hearing files

**DATES:** 1989-

**ARRANGEMENT:** Chronological, thereunder numerical by case number.

**DESCRIPTION:**

Records of hearings conducted as part of the regulatory process and hearings on proposed rules and changes; they may be maintained with related information including meeting notices, proofs of publications, meeting minutes, and the conclusions reached. UCA 52-4-200 (2009) requires that written minutes be kept of all open meetings. May include audio and video recordings.

**RETENTION:**

Permanent. Retain for 1 year(s) after case is closed

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series is authorized by Archives general schedule Administrative hearing records, GRS-1655.

**AUTHORIZED:** 11-06-2018

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year after case has been decided and then transfer to State Archives with authority to weed.

Paper copy: Retain in Office until administrative need ends and then destroy.

**APPRAISAL:**

These records have historical value(s).

These records document hearings conducted as part of the regulatory process and hearings on proposed rules and changes concerning the denial of medicaid assistance.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 15307

**TITLE:** Judicial client hearing files

(continued)

**PRIMARY DESIGNATION:**

Public

**SECONDARY DESIGNATION(S):**

Private. Medical and financial information

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8126

3

**TITLE:** Lost check tracer file

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a file used to resolve claims by health care providers that they have not received payment for claims they have submitted. This record includes provider inquiry sheet, check loss affidavit, stop payment request, the date of inquiry, the name, address, and telephone number of the individual calling, the provider's name and identification number, the nature of the inquiry, the client's name and identification number, the amount of the missing payment, the date billed, the remittance date, the type of claim submitted, whether the claim was under medicare, the date the inquiry was researched, the date of response and if the provider was satisfied, the number of the lost warrant, the signature of the claimant, and the date a copy of the cancelled check was sent to the claimant or a stop payment was issued.

**RETENTION:**

Retain for 5 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 6 months and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative, and/or legal value(s). This retention period is set for 5 years in case legal action should be initiated over a missing check.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8126

**TITLE:** Lost check tracer file

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8134

3

**TITLE:** MAO excess income computation

**DATES:** 1983-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a form used to determine if applicants for medical assistance meet the income requirements of the program. This form is also used as an input document for the MMIS data system. It includes the client's name and identification number, the category of aid, the source of the client's income, the amount of countable earned and unearned income, the amount of excluded income, and the date the income was received, and calculations by category of service of the client's income and deductions, and the dollar amount of excess income the client receives.

**RETENTION:**

Retain for 4 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 6 months and then transfer to State Records Center. Retain in State Records Center for 4 years and then destroy.

**APPRAISAL:**

These records have administrative, and/or fiscal value(s).

This record is subject to federal audit. The audit period is three years, however, since the federal government operates on a fiscal year basis, the records should be kept 4 calendar years.

The only office use of this record is to verify that the information was correctly input into the data system. Previous decision: RDR 76-54: 3 years/private.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8134

**TITLE:** MAO excess income computation

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 15314

3

**TITLE:** Mandated Federal Review provider files

**DATES:** 1980-

**ARRANGEMENT:** Numerical by case number

**ANNUAL ACCUMULATION:** 25.00 cubic feet.

**DESCRIPTION:**

These case files document Medicaid providers billing information submitted for payment for services. These reviews are conducted quarterly to review the information submitted by the providers for evidence of Medicaid abuse or fraud, and to insure that the providers are billing correctly and using the correct billing codes. The file contains provider billing information, client information, Medicaid payment records, provider records and client records. The information is collected as per the requirements of 42 CFR 456.23 (1992).

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 12/1997

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 6 years and then destroy.

**APPRAISAL:**

These records have administrative, fiscal, and/or legal value(s).

This disposition is based on the administrative needs expressed by the agency for conducting audits. Required as per 42 CFR 456.23 (1992).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 15314

**TITLE:** Mandated Federal Review provider files

(continued)

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8129

3

**TITLE:** Mass adjustment documents

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This record consists on two types of documents -- mass adjustment and mass credit -- used when changes to be input involve more than one provider. These documents include the identification number of the clerk inputting the data, the request number, the batch date and number to be adjusted, the selection criteria including the date element number, lower limit, and upper limit, the reason for the adjustment, the date of approval and the signature of the approving official, and the initials of the employee preparing the form.

**RETENTION:**

Retain for 6 month(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 6 months and then destroy.

**APPRAISAL:**

These records have administrative value(s).

These forms are microfilmed before they are input into the terminal. As they are preserved on film, the paper copy should only be kept long enough to verify that the information was correctly input into the system.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8115

3

**TITLE:** Medicaid assistance financial status

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a summary of the current expenditures for medicaid. This is part of COM 68115A, MARS reports. It includes run date, effective date, the category of service, the amount budgeted this month, the amount spent this month, the amount spent the same month last year, the 6 month average this year, the state fiscal year to date for this year budget, this year actual and last year actual, the state fiscal year end, the budget projected expenditures, and the variance in dollars and in percentage.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 14176

3

**TITLE:** Medicaid case worker work papers

**DATES:** 1993-

**ARRANGEMENT:** Alphabetical by client name

**ANNUAL ACCUMULATION:** 10.00 cubic feet.

**DESCRIPTION:**

These are miscellaneous health care case worker work paper files. They are created by the bureau to determine client/provider eligibility for medicaid assistance. Information includes books, policies and procedures, correspondence, program applications, and publications.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 06/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s). This disposition is based on the administrative needs expressed by the agency. 42 CFR 431.610 (1994) identifies that these records are no longer needed after three years. However, the agency requires a longer retention for administrative reasons.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 14176

**TITLE:** Medicaid case worker work papers

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 22565

3

**TITLE:** Medicaid client transportation requests

**DATES:** 1990-

**ARRANGEMENT:** Alphabetical by name

**ANNUAL ACCUMULATION:** 2.00 cubic feet.

**DESCRIPTION:**

This record series documents requests from Medicaid clients for transportation to health care providers for medical needs. Information includes name of Medicaid client, date of transport to health care provider, type of treatment received, vehicle used, location of treatment, and Medicaid authorization.

**RETENTION:**

Retain for 8 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 04/2000

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private UCA 63G-2-304 (1)(a)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 22411

3

**TITLE:** Medicaid emergency services files

**DATES:** 1990-

**ARRANGEMENT:** Alphabetical by name.

**ANNUAL ACCUMULATION:** 3.00 cubic feet.

**DESCRIPTION:**

These records document claims submitted to the Health Department, for the emergency medical treatment of Medicaid recipients, by hospitals, clinics, and doctors' offices. The files contain request letters generated by the health care provider, accompanying documentation and the agency response. Information includes name of patient, Medicaid identification number, date of treatment, location of treatment, diagnosis, and approval/disapproval status of the claim.

**RETENTION:**

Retain for 7 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 02/2000

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 6 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 22411

**TITLE:** Medicaid emergency services files

(continued)

**PRIMARY DESIGNATION:**

Private

**SECONDARY DESIGNATION(S):**

Controlled. UCA 63G-2-304

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8138

3

**TITLE:** Medicaid information bulletins

**DATES:** 1984-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are copies of bulletins sent to health care providers explaining changes in policy and procedures. The record includes the issue date, the effective date of the change, the bulletin number, the subject of the bulletin, the name and title of the originator, a list of those to whom the bulletin is going, and a description of the changes.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until no longer administratively valuable and then destroy.

**APPRAISAL:**

These records have administrative value(s).

The record copy of these bulletins is kept in another bureau so this set of records can be disposed of when no longer needed.



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8153

3

**TITLE:** Medicaid Management Information System operational report

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a COM report that shows which clients have paid premiums. It includes report date, client's name, case number, medicare number, assistance category, date of birth, district number, amount of the premium payment, accrete code, and date.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s). In addition to these bureau copies, one other copy and one master are produced. Therefore, there is no need for these to be kept past their administrative value.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8156

3

**TITLE:** Medicaid Management Information System procedure code report

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a COM listing of the MMIS procedure codes to be used by health care providers in submitting claims for reimbursement for services. This report is produced monthly. It includes report date, the type of service, the code number, the name of medical procedure, the minimum age, maximum age, sex of eligible recipients, whether an assistant surgeon is permitted, if the procedure is covered by medicare, the types of providers, the procedure code, the dates coverage for the procedure begins and ends, and the aid categories.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

Discussion with the staff reveal that they have no use for this report. As one master and 14 duplicates exist, there is no need for the bureau to save theirs.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8159

3

**TITLE:** Medicaid Management Information System RCT21, RCT30, RCT31 reports

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a COM report number 68075B on recipients currently suspended from the medicaid program.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8155

3

**TITLE:** Medicaid Management Information System remittance statement

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a COM report prepared weekly showing claims paid, denied, and in process. It includes the report date, the name of the health care provider, the provider's identification number, and the category of service. Other information is as follows: Claims paid: gives name and client identification number of the recipient, the transaction control number, the first date of service, the amount of total charges, the amount of recipient co-payment, the amount of payment from other sources, the claim amount paid, the dates of service, the units of service, the amount of submitted charges, the amount of allowed charges, an explanation for the allowed charges, and a total of all payments to that provider for that category of service. Claims in process: gives the recipient name and claim identification number, the transaction control number, the dates of service, the total charges, and the total of all charges for that provider for that category of service. Claims denied: gives recipient name and client identification number, the transaction control number, the dates of service, the total charges, and the reasons for the denial.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services  
**SERIES:** 8155  
**TITLE:** Medicaid Management Information System remittance statement

(continued)

**APPRAISAL:**

These records have administrative value(s).  
Besides the bureau's copies of the fiche, there are one master and 14 other duplicates produced. The bureau's copies need not be kept past their administrative usefulness.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 22576

3

**TITLE:** Medicaid out of state services files

**DATES:** 1990-

**ARRANGEMENT:** Alphabetical by name

**ANNUAL ACCUMULATION:** 4.00 cubic feet.

**DESCRIPTION:**

This record series consists of requests by Medicaid clients for medical services which are not provided in the State of Utah. Possible medical expenses include transportation, air fare, and the medical services. Information includes name of Medicaid client, details of medical condition and type of treatment received, dates of travel and treatment, name and address of the health care provider, details of the expenses, and Medicaid authorization.

**RETENTION:**

Retain for 8 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 04/2000

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 22576

**TITLE:** Medicaid out of state services files

(continued)

**PRIMARY DESIGNATION:**

Private

UCA 63G-2-302 (1)(a)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8118

3

**TITLE:** Medicaid provider manuals

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are copies of medicaid policy and reimbursement procedures prepared by the Department of Health. These records include manuals for dentists, medical suppliers, pharmacies, speech and audiologist therapists, psychologists, physical therapists, vision care providers, transportation providers, inpatient hospitals, outpatient hospitals, Early Periodic Screening Diagnosis and Treatment providers, physicians, home health services, independent laboratories, long-term care providers, nurse-midwife providers, mental health clinics, rural health clinics, and home and community based services.

**RETENTION:**

Retain until superseded

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until superseded or obsolete and then destroy.

**APPRAISAL:**

These records have administrative value(s).

A permanent copy of these manuals is being kept by the Bureau of Policy and Planning. This bureau can therefore dispose of its manuals when they are no longer needed.



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8116

3

**TITLE:** Medical assistance program status

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a statistical overview of the medicaid program. This is part of COM 68115A, MARS reports. It includes run date, effective date, and a status report on recipients (gives number eligible, number participating, the percent participating, and the average cost per participating recipient), providers (gives number enrolled, the number participating, the percent participating, the average payment per participant, the total service units rendered, and the average units per participating provider), claims processing operations (gives total number processed, the percentage paid, the number paid, the dollar value of claims denied). Each category shows the figures for the current month, the same month last year, the state fiscal year to date this and last year, the federal fiscal year to date, and the 6 month average this year.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8148

3

**TITLE:** Medical claims

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are reimbursement claims filed by medical providers for services covered by medicare and medicaid. This record includes dentists invoices, health insurance claim forms, pharmacy claim forms, outpatient claims, long-term care turnaround documents, the patient's name, address, telephone number, date of birth, sex; the name and address of the insured party, the insured's identification number and group number; the relationship between the patient and the insured; information on health insurance coverage, if any; the signatures and dates of signature of the patient and the person who is to authorize payment; the date of the illness or injury; the date the patient first received treatment; the name of a referring physician, if any, and the provider identification number; if the treatment was due to accident, Early and Periodic Screening, Diagnosis and Treatment Services, or child abuse; the prior authorization number; a description of the service provided; the procedure code; the charge per service; the name, address, and provider number of the health care provider; the total charges; the signature of the reviewer and the date the form was reviewed; and the signature and date of signature of the health care provider.

**RETENTION:**

Retain for 7 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 07/2011

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 7 years and then destroy.

Microfilm master: Retain in Archives for 7 years and then destroy.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services  
**SERIES:** 8148  
**TITLE:** Medical claims

(continued)

Microfilm duplicate: Retain in Archives for 7 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This copy of microfilm is one of seven. Another copy has been designated the record copy, so there is no need for the bureau to keep their copy after its office use ends.

**PRIMARY DESIGNATION:**

Private

**SECONDARY DESIGNATION(S):**

Controlled

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8152

3

**TITLE:** Medical eligibility directory

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a COM listing of individuals eligible for medical assistance. It includes date of the report, the client's name and identification number, the case number, the medical eligibility date, the client's sex, assistance category, and the beginning and ending dates of medical eligibility.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
Discussion with the staff at the bureau discloses that they have no need of this record. As there is one master and 48 other duplicate copies, there is no need for them to keep their copy.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10486

3

**TITLE:** Medical supplies for home health care files

**DATES:** 1980-

**ARRANGEMENT:** Chronological, thereunder alphabetical by name

**ANNUAL ACCUMULATION:** 4.00 cubic feet.

**DESCRIPTION:**

These files document medical eligibility of patients on medicare and medicaid who are in need of special home medical supplies. The information includes medical supplies/equipment required, and individual's eligibility for receiving medical supplies.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 09/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10486

**TITLE:** Medical supplies for home health care files

(continued)

**PRIMARY DESIGNATION:**

Private

UCA 63G-2-302(2008)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 15311

3

**TITLE:** Medical supplies request

**DATES:** 1980-

**ARRANGEMENT:** Alphabetical by client surname

**ANNUAL ACCUMULATION:** 3.00 cubic feet.

**DESCRIPTION:**

These are medicaid requests for medical supplies used by qualified individuals in the program. Includes type of medical equipment/supply, whether item was rented or purchased, price of unit, and physician approval letter.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 09/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 4 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 15311

**TITLE:** Medical supplies request

(continued)

**PRIMARY DESIGNATION:**

Private

UCA 63G-2-302(2008)



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8141

3

**TITLE:** MedUtah alphabetical certified list

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an alphabetical computer output listing of those individuals who are not eligible for medicaid but who have been certified as eligible for the state's medical assistance program. The list includes the run date, the family last name, the case number, the individual's identification number, the category code, the name, age, sex, and date of birth of the recipient, and the date the case was opened.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then destroy.

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8141

**TITLE:** MedUtah alphabetical certified list

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8143

3

**TITLE:** MedUtah numeric deleted list

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output list of individuals who are no longer eligible for medical assistance from the state. This list includes the run date, the family last name, the case number, the individual's identification number, the category code, the name, age, sex, and date of birth of the recipient, and the date the case opened.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8140

3

**TITLE:** MedUtah numeric pending

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output list of individuals whose certification into the state medical assistance program has not yet been approved. These are individuals who are not eligible for medicaid, but who still need assistance from the state. This list includes the run date, the family last name, the case number, the individual's identification number, the category code, the name, age, sex, and date of birth of the recipient, and the date the case opened.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8142

3

**TITLE:** MedUtah numeric reinstated list

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output list of those individuals who had been suspended from the MedUtah program and have been reinstated to the program. This list includes the run date, the family last name, the case number, the individual's identification number, the category code, the name, age, sex, and date of birth of the recipient, and the date the case opened.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8161

3

**TITLE:** MMIS RCT09, RCT10, RCT32, RCT11, RCT12 reports

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a daily COM run number 68075A consisting of updates of errors found in various MMIS reports.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8165

3

**TITLE:** MMIS RCT51, RCT53, RCT55, RCT57, RCT50 reports

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a COM run 68075C prepared monthly consisting of a number of reports concerning recipients in the Family Health Program. The COM consists of reports number 08166-08170.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
As a master copy of this fiche is produced, there is no reason for the bureau to keep their copy beyond its administrative value.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8117

3

**TITLE:** Monthly statistical report on medical care

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a monthly statistical report on the medicaid program. This is part of COM 68115A, MARS reports. It includes the run date, the effective date, the total amount of medical payments by form of payment and by program, the month of the report, the amount of payments and the number of recipients and the units of selected medical services for which full payment was made under title XIX, the number of recipients and the amounts of medical vendor payments under title XIX by basis of eligibility and maintenance assistance status of recipient, the number of recipients of medical care by age, sex, and race/ethnicity and by type of medical service, the amounts of medical vendor payments by maintenance assistance status and the basis of eligibility of recipient and by type of service, the amount of medical vendor payments by age, sex, and race/ethnicity and by type of medical service.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8149

3

**TITLE:** Numeric by client identification

**DATES:** 1981-

**ARRANGEMENT:** Numerical by identification number

**DESCRIPTION:**

This is a COM produced bi-monthly providing a list of medical assistance clients. It includes the date of the report, the client identification number, the case number, and the name of the client.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
The staff stated that they have no use for this report. As 13 masters and 52 other copies of the report are generated, there is no need for this bureau to keep their copies.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8121

3

**TITLE:** Numeric provider listing

**DATES:** 1984-

**ARRANGEMENT:** Numerical by identification number

**DESCRIPTION:**

This is a computer output listing of all medicaid health care providers. This record includes the run date, the provider identification number, the name and address of the provider, the type of health care offered by the provider, and the category of service offer by the provider.

**RETENTION:**

Retain until superseded

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until updated and then destroy.

**APPRAISAL:**

These records have administrative value(s).

This record is one of several produced each month. For this reason, it is not necessary for the bureau to retain it past its administrative value. However, no set retention period has been given because the provider identification numbering system has been changed, and copies of the older numbers will have to be kept for cross reference purposes.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8121

**TITLE:** Numeric provider listing

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8112

3

**TITLE:** Periodic screening cost analysis

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the costs of operating the Early and Periodic Screening, Diagnosis and Treatment program. This is part of COM 68115A, MARS reports. It includes run date, effective date, the children age categories (0-5, 6-21), and a list of counties showing the total children in the program the total claims cost, and the average cost of claims for the children who have been screened and who have not been screened.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 19243

3

**TITLE:** Policy hearing records

**DATES:** 1989-

**ARRANGEMENT:** Alphabetical by surname, thereunder chronological by year

**ANNUAL ACCUMULATION:** 20.00 cubic feet.

**DESCRIPTION:**

These files document the department's position on issues discussed at formal administrative hearings regarding health care provider reimbursement complaints. Includes the Hearing request, Denial letters, Copies of Federal and State regulations, staff notes, Administrative Hearing results, and Medical Records and documentation. As per Utah Administrative Code R414-13X (1997), a health care provider may request an agency hearing if dissatisfied with any decision made by the Department.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 12/1997

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative, fiscal, and/or legal value(s). This disposition is based on the administrative needs expressed by the agency to fulfill the requirements of Utah Administrative Code R414-13X (1997).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 19243

**TITLE:** Policy hearing records

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8124

3

**TITLE:** Practitioner claim exception

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a weekly computer output report of those claims submitted by health care providers that appear to be outside the parameter of the average medical claims. This record includes run and report dates, the location code, the category of service, the clerk's identification number, the name of the employee entering the data on the terminal, the provider type code, the transaction control number, the recipient's name, age, sex, identification number, and date of birth, the provider's identification number, the type of insurance code number, the recipient aid category, the recipient fund type, whether the recipient has other resources, if the recipient is employee, if the treatment is for an emergency, an accident, and if auto related, the referring provider identification number, the prior approval number, the date of the accident, if any, whether child abuse or family planning is involved, the diagnosis codes, if a lock in or case management is involved, the provider identification number, if any errors, the error code, the reason for the error, and the status of the error, the dates of the first and last service, the units, place and type of service codes, the procedure code, the diagnosis code, the submitted charges, the allowed charge source, and the amount of allowed charge, the billing date, the total charges, less third party payments, and the net charges.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until no longer administratively valuable and then destroy.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services  
**SERIES:** 8124  
**TITLE:** Practitioner claim exception

(continued)

**APPRAISAL:**

These records have administrative value(s).  
This record is placed on microfiche and is stored for long term retention in that manner. Therefore, the paper copy need only be kept for as long as it is needed in the office.

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 11077

3

**TITLE:** Primary current review charts

**DATES:** 1984-

**ARRANGEMENT:** Alphabetical by patient's last name

**ANNUAL ACCUMULATION:** 1.00 cubic foot.

**DESCRIPTION:**

These are primary patient review charts. The records contain medical records, correspondence, and professional notes.

**RETENTION:**

Retain for 8 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 10/2001

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

**APPRAISAL:**

These records have legal value(s).

This retention period is based on the agency's legal needs for these records.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 11077

**TITLE:** Primary current review charts

(continued)

**SECONDARY DESIGNATION(S):**

Controlled.            Psychiatric information

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 14076

4

**TITLE:** Prior approvals

**DATES:** 1992-

**ARRANGEMENT:** Alphabetical by patient surname

**ANNUAL ACCUMULATION:** 5.00 cubic feet.

**DESCRIPTION:**

Prior approvals including medical, hospital, and laboratory records which give approval for rehabilitation of individuals on Medicaid visiting doctors or clinics for medical treatment by a medical provider, (not continued stay). Approval is granted by the Medicare/Medicaid office.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 04/1995

**FORMAT MANAGEMENT:**

Paper: Retain in Office until digitized and then destroy.

Computer data files: Retain in Office for 6 years and then delete.

**APPRAISAL:**

These records have administrative value(s).

This disposition is based on the administrative needs expressed by the agency.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 14076

**TITLE:** Prior approvals

(continued)

**PRIMARY DESIGNATION:**

Private UCA 63G-2-302(2008)

**SECONDARY DESIGNATION(S):**

Controlled. UCA 63G-2-304(2008)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 17311

3

**TITLE:** Private duty nurse files

**DATES:** 1993-

**ARRANGEMENT:** Alphabetical by client surname, thereunder chronological by year

**ANNUAL ACCUMULATION:** 3.00 cubic feet.

**DESCRIPTION:**

These records document medical necessity for private nursing services for clients on medicare. Information includes re-certifications, monthly up dates, agreements, skills lists, and doctor orders.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 06/1997

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 17311

**TITLE:** Private duty nurse files

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8119

3

**TITLE:** Provider case files

**DATES:** 1978-

**ARRANGEMENT:** Alphabetical by name

**ANNUAL ACCUMULATION:** 9.00 cubic feet.

**DESCRIPTION:**

This is the application, medicaid agreement, and other documentation submitted by health care providers to enroll in medicaid program. This record series is divided into the following categories: pharmacies, medical transportation, optometrist, laboratories, dentists, audio-speech therapists, optical supplies, osteopaths, physical therapists, in-state and out-state hospitals, medical supplies, dialysist, birthing rooms, clinics, physicians, nursing homes, rural health, home health, and public health. It includes institutional and non-institutional medicaid provider applications, medicaid provider agreements, signature cards, medical licenses, copies of medicare certification, notifications of change, address of the health care provider, the application date, the provider's license number and date of license, the type of provider, the medicare number, the employer identification number or social security number, the categories of service offered, the number of certified beds, the name and address of clinic affiliation, the type of practice organization, the provider identification number, and the names of individuals authorized to sign medicaid claims. At the beginning of 1989 these records are recorded on optical disk. Records prior to this time will be microfilmed and kept in the office for reference. This file after a two year period of time with no communication or claims will be closed.

**RETENTION:**

Retain for 9 year(s) after case is closed

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 08/1986

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services  
**SERIES:** 8119  
**TITLE:** Provider case files

(continued)

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 9 years after case is closed or until microfilmed and then destroy provided microfilm has passed inspection.

Computer data files: Retain in Office until no longer administratively valuable and then delete.

Microfilm duplicate: Retain in State Records Center for 9 years and then destroy.

Microfilm duplicate: Retain in Office for 9 years and then destroy.

Microfilm master: Retain in Archives for 9 years after case is closed and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
While the federal government requires the state to gather this information, it does not specify the retention period. The paper documents should be kept as long as medicaid services are being given by the health care provider. As not all providers notify the bureau when they cease giving these services, the retention period must be based on the provider's level of activity. This file will be closed after a two year period of time that no communication or claim has been filled.

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8122

3

**TITLE:** Provider list by license number

**DATES:** 1984-

**ARRANGEMENT:** Numerical by license number

**DESCRIPTION:**

This is a computer output listing health care providers enrolled in the medicaid program. This record includes the run date, the license number, the provider's name, the old provider identification number, the new provider identification number, and the enrollment status of the health care provider.

**RETENTION:**

Retain until superseded

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until updated and then destroy.

**APPRAISAL:**

These records have administrative value(s).

This record is used to verify provider license numbers when a question arises on claims submitted by the provider. As such, it has no value past its useful life. This record is produced only on request, thus the retention period given.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8123

3

**TITLE:** Provider master file update listing

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output listing all changes to the provider master file. This record includes the run date, the old provider identification number, the transaction code, and a description of the change input to the master file.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
According to discussion with the staff, this output was used as a tool to input the conversion of provider identification numbers.  
It now has no further value.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8110

3

**TITLE:** Provider participation summary

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a statistical overview of medicaid providers showing their degree of participation in the program. This is part of COM 68115A, MARS reports. It includes run date, effective date, and a breakdown by category of service of number of providers enrolled, number and percentage of providers participating, the number of recipients served, the average number of recipients per participating providers, the number of claims paid, the total payments, the average payment per paid claim, the average payment for participating providers, the average number of claims per participating providers, the average payment per recipient served, the total third party payments, the total units of service rendered, the average units of service by participating providers, the average units of service by recipient served, the average payments per units of service, by current month, by same month last year, the trend, the state fiscal year to date this and last year, and the federal fiscal year to date and 6 month average this year.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8110

**TITLE:** Provider participation summary

(continued)

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10492

3

**TITLE:** Psychiatric case files

**DATES:** 1981-

**ARRANGEMENT:** Alphabetical by client surname

**DESCRIPTION:**

These are psychiatric case files used by the bureau to document eligible client's psychiatric hospital stay. The information includes hospital review, treatment plans, hospital payments, and medical and billing records. Also includes prior approval, medication information, hospital notes, and denial/approval letters.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 09/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10492

**TITLE:** Psychiatric case files

(continued)

**PRIMARY DESIGNATION:**

Private UCA 63G-2-302(2008)

**SECONDARY DESIGNATION(S):**

Controlled. UCA 63G-2-304(2008)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10494

3

**TITLE:** Psychological Utilization Review Committee log and action sheets

**DATES:** 1987-

**ARRANGEMENT:** Chronological

**ANNUAL ACCUMULATION:** 3.00 cubic feet.

**DESCRIPTION:**

These are minutes and other related actions taken by the Psychological Utilization Review Committee. The committee reviews requests from individuals and medical providers for payment assistance for psychological medical care. The information includes correspondence, committee meeting minutes, logs, actions taken, medical records, and approval/denial letters.

**RETENTION:**

Permanent. Retain for 10 year(s)

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series is authorized by Archives general schedule Open meeting minutes & supplementary materials, GRS-1709.

**AUTHORIZED:** 10-28-2020

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 3 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then transfer to State Archives with authority to weed.

**APPRAISAL:**

These records have historical value(s).

This disposition is based on the historical documentation of the activities of the Psychological Utilization Review Committee.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10494

**TITLE:** Psychological Utilization Review Committee log and action sheets

(continued)

**PRIMARY DESIGNATION:**

Public

**SECONDARY DESIGNATION(S):**

Private. UCA 63G-2-302(2008), medical information, personal information  
Controlled. UCA 63G-2-304(2008), psychological patient information



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8166

3

**TITLE:** Recipient certified list

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a part of COM 68075C, MMIS RCT51, RCT53, RCT55, RCT57, RCT50 reports. It includes run date, family last name, case number, individual's identification number, the category code, the name, age, sex, and date of birth of the recipient, and the date the case opened.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8169

3

**TITLE:** Recipient deleted list

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a part of COM 68085C, MMIS RCT51, RCT53, RCT55, RCT57, RCT50 reports. It includes run date, family last name, case number, individual's identification number, the category code, the name, age, sex, and date of birth of the recipient, and the date the case opened.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8136

3

**TITLE:** Recipient error list

**DATES:** 1983-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output used as an auditing tool listing those recipients about whom an error was made in inputting the information into the terminal. It includes the report date, the client's name and identification number, the start and end dates, and a description of the error.

**RETENTION:**

Retain for 6 month(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 6 months and then destroy.

**APPRAISAL:**

These records have administrative value(s).

This information is preserved elsewhere, so this output need only be kept for as long as it is administratively valuable.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8171

3

**TITLE:** Recipient master maintenance suspense report

**DATES:** 1983-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output listing all medicaid clients who have been suspended from the program. This output is both on paper and a part of COM number 68075A. It includes the date of the report, the case number, the recipient's identification number, the recipient's name, the reason for the suspension, and the date of suspension.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until updated and then destroy.

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This information is duplicated in a number of other places.  
Having this bureau keep their copies beyond their administrative value would not be cost effective.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8171

**TITLE:** Recipient master maintenance suspense report

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8111

3

**TITLE:** Recipient participation summary

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is statistical overview of medicaid recipients showing their degree of participation in the program. This is part of COM 68115A, MARS reports. It includes the run date, the effective date, the category of service, the category of assistance, and a list of the number of eligibles, the number of recipients, the percentage participating, the total expenditures, the average expenditure per eligible recipient, the average days from application date to certification date, the number of paid claims, the average expenditure per paid claim, the total units of service, the average expenditure for unit of service, the average expenditure per recipient, the percentage of eligible service, the average expenditure per recipient, the percentage of eligible recipients for the current month, for the same month last year, the 6 month recipients for the current month, for the same month last year, the 6 month recipients for the current month, for the same month last year, the 6 month average this year, the trend, and the state fiscal year to date this and last year.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8111

**TITLE:** Recipient participation summary

(continued)

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8167

3

**TITLE:** Recipient pending list

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a part of COM 68075C, RCT51, RCT53, RCT55, RCT57, RCT50 reports. It includes run date, family last name, case number, individual's identification number, the category code, the name, age, sex, and date of birth of the recipient, and the date the case opened.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8168

3

**TITLE:** Recipient reinstated list

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a part of COM 68075C, MMIS RCT51, RCT53, RCT55, RCT57, RCT50 reports. It includes run date, family last name, case number, individual's identification number, the category code, the name, age, sex, and date of birth of the recipient, and the date the case opened.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8164

3

**TITLE:** Recipient sequential process exception report

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a part of COM 68075A, MMIS RCT09, RCT10, RCT32, RCT11, RCT12 reports. It includes the report date, the name and identification number of the recipient, and the reason for the error.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

This record should be kept by the bureau for as long as it is useful to them. As a master copy of this fiche is prepared, there is no reason for them to keep this record longer.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8160

3

**TITLE:** Recipient suspense file maintenance

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a part of COM 68075B, MMIS RCT21, RCT30, RCT31 reports. It includes the report date, the case number, the recipient identification number, the recipient's name, the action taken (i.e., identification number corrected), and the new case number.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s). As there is a master copy of this fiche produced, the bureau should only keep its copy for as long as it is needed in the office.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8173

3

**TITLE:** Recipient suspense report

**DATES:** 1983-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output listing issued monthly showing the medicaid recipients placed on suspense. This report is also part of COM number 68075B. It includes report date, the case number, the recipient number, the name of the recipient, the date the recipient was suspended, and the number of days the recipient was suspended.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until updated and then destroy.

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

This information is kept in many places. The bureau need not keep this copy past its administrative value.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8173

**TITLE:** Recipient suspense report

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8162

3

**TITLE:** Recipient update error listing

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is part of COM 68075A, MMIS RCT09, RCT10, RCT32, RCT11, RCT12 reports. It includes the report date, the recipient identification number, the recipient's name, the case number, the beginning and ending dates of service, the category, district, and county codes, if adult or family, and reason for the error and how the error was corrected (i.e., birth date invalid, record updated by rewrite).

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8135

3

**TITLE:** Referral form

**DATES:** 1983-

**ARRANGEMENT:** Chronological

**DESCRIPTION:**

This is for clients who choose to have a primary care physician must go to that physician for all medical treatment. If the client requires treatment that the primary care physician cannot provide, this form must be completed for the treatment to be covered. This form is also used as an input document to the MMIS data system. It includes the name of the health care plan or insurer, the patient's name and date of birth, the insured's name, identification number, and group number, the name, address, and phone number of the consulting physician, the medical problem needing treatment, the services requested (assume care for disorder, surgery, etc.), the signature, and license number of the primary care physician, the date the referral was authorized, and the name, address, and telephone number of the primary care physician.

**RETENTION:**

Retain for 8 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

**APPRAISAL:**

These records have administrative, and/or fiscal value(s). This record is subject to federal audit. The audit period is three fiscal years, so the record should be kept four calendar years. The record need be kept in the office only long enough to

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8135

**TITLE:** Referral form

(continued)

ensure that the information was correctly input into the data system.

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 17312

3

**TITLE:** Specialized motorized wheelchair eligibility files

**DATES:** 1994-

**ARRANGEMENT:** Alphabetical by clients surname, thereunder chronological by year

**ANNUAL ACCUMULATION:** 3.00 cubic feet.

**DESCRIPTION:**

These files document individuals who are eligible under medicaid/medicare for specialized motorized wheelchairs. The files indicate the patient's special needs for the wheelchair. Information includes client eligibility requirements, doctor's orders, and patient therapy program information.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 06/1997

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 17312

**TITLE:** Specialized motorized wheelchair eligibility files

(continued)

**PRIMARY DESIGNATION:**

Private

UCA 62-2-302(2008)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10499

3

**TITLE:** Speech therapy prior approvals

**DATES:** 1986-

**ARRANGEMENT:** Alphabetical by client surname

**ANNUAL ACCUMULATION:** 3.00 cubic feet.

**DESCRIPTION:**

These are approved applications from individuals requesting payment assistance from medicaid for speech therapy medical assistance. Speech therapy denial are found in series 10493, Speech therapy denials. The information includes correspondence, application, medical information.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 09/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10499

**TITLE:** Speech therapy prior approvals

(continued)

**PRIMARY DESIGNATION:**

Private

UCA 63G-2-302(2008)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10493

3

**TITLE:** Speech therapy prior denials

**DATES:** 1986-

**ARRANGEMENT:** Alphabetical by client surname

**ANNUAL ACCUMULATION:** 4.00 cubic feet.

**DESCRIPTION:**

These are denied applications from individuals requesting payment assistance from medicaid/medicare for speech therapy medical assistance. Speech therapy approvals are found in series 10499. The information includes correspondence, application, medical information, reason for denial, and denial letter.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 09/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10493

**TITLE:** Speech therapy prior denials

(continued)

**PRIMARY DESIGNATION:**

Private

UCA 63G-2-302

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10491

3

**TITLE:** Sterilization prior approvals

**DATES:** 1985-

**ARRANGEMENT:** Alphabetical by client surname

**DESCRIPTION:**

These are Sterilization approvals for eligible individuals on medicare and medicaid. Information includes medical condition, client eligibility, and reasons for medical procedure.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 09/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.

**PRIMARY DESIGNATION:**

Private UCA 63G-2-302(2008)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10501

3

**TITLE:** Surgery prior approvals

**DATES:** 1986-

**ARRANGEMENT:** Alphabetical by client surname

**ANNUAL ACCUMULATION:** 5.00 cubic feet.

**DESCRIPTION:**

These are approved applications from individuals requesting payment assistance from medicaid for surgery medical assistance. The information includes correspondence, application, medical information, reason for denial, and denial letter.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 09/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s). This disposition is based on the administrative needs expressed by the agency.



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10501

**TITLE:** Surgery prior approvals

(continued)

**PRIMARY DESIGNATION:**

Private

UCA 63G-2-302(2008)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 11378

3

**TITLE:** Surveillance utilization review subsystem quarterly control reports

**DATES:** 1985-

**ARRANGEMENT:** Chronological

**ANNUAL ACCUMULATION:** 2.00 cubic feet.

**DESCRIPTION:**

These control files are used to designate the categories of provider services, and designate class groupings to determine cost factor and payable amounts for provider, provider services, and treatment analysis, for recipients on medicaid. Information defines matrix, line item index of data collected for reporting, what information will be collected from the claims and how the claim information is to be collected for Surveillance Utilization Review System (SURS) reporting. The reports outlines statistics of the control file at the end of each quarter.

**RETENTION:**

Retain for 3 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 11/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 2 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency. Even though the reports are updated quarterly, the previous reports are retained for reference.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 11378

**TITLE:** Surveillance utilization review subsystem quarterly control reports

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8113

3

**TITLE:** Ten most frequently occurring claims errors

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of the 10 most frequently occurring errors. This is part of COM 68115A, MARS reports. It includes run date, effective date, the month of the report, and a list of errors showing the error code, a description of the error, the number of errors, and the percentage of this error of all errors.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8133

3

**TITLE:** Third-party liability questionnaire

**DATES:** 1982-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a questionnaire filled out by medicaid applicants to determine whether they have any other sources of medical support. This is used to ensure that assistance is not given when other sources of coverage is available. This form is also used as an input document to the MMIS data system. It includes the client's name, date of birth, sex, case number, the type of coverage, the recipient's name, date of birth, sex, recipient identification number, the type of coverage, if the client has health insurance, the name and address of the insurance company, the name of the policy holder, the policy number, the name and address of the employer or group offering the coverage, whether the health insurance is through employment, whether the client has sustained any injuries in the past year, whether the client is eligible for medicare and the medicare number, whether the insurance or medical support is court ordered, and, if so, the absent parent's name, address, social security number, and date of birth, the signature and telephone number of the client, and the date signed.

**RETENTION:**

Retain for 4 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 6 months and then transfer to State Records Center. Retain in State Records Center for 4 years and then destroy.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services  
**SERIES:** 8133  
**TITLE:** Third-party liability questionnaire

(continued)

**APPRAISAL:**

These records have administrative, and/or fiscal value(s).  
This information is subject to federal audit. The audit period is three years, but as the federal government operates on a fiscal year, these records should be kept for 4 calendar years. The record needs to be kept in the office only long enough to verify that the information on the form was correctly input into the system.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8163

3

**TITLE:** Transactions made on recipient eligibility

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a part of COM 68075A, MMIS RCT09, RCT10, RCT32, RCT11, RCT12 reports. It includes the report date, the recipient's name and identification number, the reason for the error, and the correction made.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 23242

3

**TITLE:** Transplant records

**DATES:** 1990-

**ARRANGEMENT:** Alphabetical by name

**ANNUAL ACCUMULATION:** 4.00 cubic feet.

**DESCRIPTION:**

These records document requests by Medicaid clients for medical services pertaining to transplants. Information includes medical records and other documentation supporting the request.

**RETENTION:**

Retain for 10 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 02/2001

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 9 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private UCA 63G-2-302(1)(b)(2008)



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 14669

3

**TITLE:** Ulcer patient bed approvals

**DATES:** 1990-

**ARRANGEMENT:** Chronological by year, thereunder alphabetical by patient last name

**ANNUAL ACCUMULATION:** 1.50 cubic feet.

**DESCRIPTION:**

Applications and approval letters. These are applications received by the bureau from health care provider who are requesting monies to purchase the Clinitron Bed for their patients with chronic ulcers and who are on medicare or medicaid.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 06/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 14669

**TITLE:** Ulcer patient bed approvals

(continued)

**PRIMARY DESIGNATION:**

Private

UCA 63G-2-302(2008)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 14670

3

**TITLE:** Ulcer patient bed denials

**DATES:** 1990-

**ARRANGEMENT:** Chronological by year, thereunder alphabetical by patient last name

**ANNUAL ACCUMULATION:** 1.50 cubic feet.

**DESCRIPTION:**

Applications and denial letters. These are applications sent to the bureau by medical providers requesting payment the clintron bed for their patients with chronic ulcers, and who are insured through medicare or medicaid.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 06/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 14670

**TITLE:** Ulcer patient bed denials

(continued)

**PRIMARY DESIGNATION:**

Private

UCA 63G-2-302(2008)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8146

3

**TITLE:** University Medical Center professional services seeding report

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer printout showing which providers have received funds under this service. It used as an audit tool. This list includes the run and report dates, the name and identification number of the provider, the provider's address, the amount of payment, and the warrant number.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

Discussion with the staff shows that they do not use this report and do not know why they receive it. Retaining the report under those conditions would not be worthwhile.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10495

3

**TITLE:** Vision care denials

**DATES:** 1986-

**ARRANGEMENT:** Alphabetical by client surname

**ANNUAL ACCUMULATION:** 5.00 cubic feet.

**DESCRIPTION:**

These are denied applications from individuals requesting payment assistance from medicaid/medicare for vision related medical assistance. Vision care approvals are found in series 10498. The information includes correspondence, application, medical information, reason for denial, and denial letter.

**RETENTION:**

Retain for 6 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series were specifically approved by the State Records Committee.

**APPROVED:** 09/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
This disposition is based on the administrative needs expressed by the agency.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 10495

**TITLE:** Vision care denials

(continued)

**PRIMARY DESIGNATION:**

Private

UCA 63G-2-302(2008)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Authorization and Community Based Services

**SERIES:** 8130

3

**TITLE:** Warrant registers

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output listing of payments made to health care providers used to research claims by providers of missing payments. This record includes run date, report date, the provider's identification number, name, and address, the number and amount of the warrant, and the low organizational and account numbers.

**RETENTION:**

Retain until superseded

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until updated and then destroy.

**APPRAISAL:**

These records have administrative value(s).

This information is preserved elsewhere, so the retention in this office should only last as long as it is administratively valuable.

**PRIMARY DESIGNATION:**

Private