

Retention and Classification Report

Agency: Department of Health. Special Care Administration (869)

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Salt Lake City, UT 84145
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Records Officer: _____

08640	*Continued stay files
08607	*Health insurance claim form
05995	*Personnel files
08641	*Prior approval case files
05996	*Provider Agreement Files
08608	*Transportation invoices

AGENCY: Department of Health. Special Care Administration

SERIES: 8640

3

TITLE: Continued stay files

DATES: 1984-1986.

ARRANGEMENT: Alphabetical by recipient last name

DESCRIPTION:

This is a record of a review by the bureau for patients who are receiving extended health care. It verifies that patients accepted for treatment under medicaid continue to receive adequate treatment. This record is required by 42 CFR 456.231 among other sections. The information in these files include the date of the review, the client's name and social security number, the client's medicaid identification number, the name of the case manager, the division where the case manager works, a description of the services the client is receiving, the eligibility codes of the services, whether the services are covered by medicaid, any new service to the client added since the last certification and the reason for the new services, the signature of the provider adding the new service, and the results of the review including any comments and the dates a follow-up response is required.

RETENTION AND DISPOSITION AUTHORIZATION:

These records are in Archives' permanent custody.

APPROVED: 10/1986

FORMAT MANAGEMENT:

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

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

APPRAISAL:

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

The code of federal regulations requires the agency to keep these documents, but does not specify the length of time they are to be kept. As these records are subject to federal audit, they should be retained for 3 years.

AGENCY: Department of Health. Special Care Administration

SERIES: 8640

TITLE: Continued stay files

(continued)

PRIMARY DESIGNATION:

Private

AGENCY: Department of Health. Special Care Administration

SERIES: 8607

3

TITLE: Health insurance claim form

DATES: 1984-1986.

ARRANGEMENT: Alphabetical by name

DESCRIPTION:

These are billings received from psychologists for services rendered to clients participating in the Social Services Health Plan. These forms include patient's name, address, telephone number, date of birth, and sex, name and address of the insured party, the insured's identification number and group number, the relationship between the patient and the insured, the name, address, policy number, and policy holder of other health insurance coverage, if any; whether the patient's condition was related to his/her employment or an accident; 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 consulted the provider, the date the patient can return to work, and if the patient is disabled, the dates of partial or total disability; whether the patient has previously had these symptoms, the name of the referring health care provider, the provider license number, the dates the patient admitted to and discharged from a hospital, the name and address of the medical facility where the services were rendered, whether laboratory work was performed and the amount of charges, the diagnosis, the dates of medical service, the place of service, the procedure code, a description of the services and supplies furnished for each date, the amount of the charges, the name, address, and identification number of the provider or supplier, the provider type, the social security number, employer identification number, the signature of the provider or supplier, the patient's account number, the total charge, the amount paid by the patient, and the date the form was completed.

RETENTION AND DISPOSITION AUTHORIZATION:

These records are in Archives' permanent custody.

APPROVED: 10/1986

FORMAT MANAGEMENT:

Paper: Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

AGENCY: Department of Health. Special Care Administration

SERIES: 8607

TITLE: Health insurance claim form

(continued)

APPRAISAL:

These records have administrative, fiscal, and/or legal value(s). 45 CFR 455 requires the state to investigate complaints of medicaid fraud or abuse, but does not specify how far back in time the agency can investigate. UCA title 26, chapter 20 makes false claims for medical benefits a second degree felony. UCA 76-1-302 states that a prosecution for a felony must begin within 4 years after it is committed. This information could also be used to demand reimbursement from a parent for medical expenses paid by the state. The statute of limitations for demanding reimbursement for medical expenses paid by the state is 8 years, UCA 78-12-22. 31 USCS 3729 defines false claims for payments against the federal government and includes medical insurance claims. 31 USCS 3731 sets a statute of limitations for bringing action on false claims of 6 years. However, two court cases stated that the statute of limitations for medicare overpayments did not begin to run until after the provider had been audited: US v Normandy House Nursing Home, Inc DC Mass 1977 428 Federal Suppliment 421 Civ A No 75-950-F, and US v Pisani CA NJ 1981 646 Federal Reporter 2nd Series 83. According to the Denver Regional office of the Health Care Financing Agency, the government has 3 years in which to audit these records.

PRIMARY DESIGNATION:

Private

SECONDARY DESIGNATION(S):

Controlled. UCA 63G-2-304 1992

AGENCY: Department of Health. Special Care Administration

SERIES: 5995

TITLE: Personnel files

DATES: 1984-1986.

ARRANGEMENT: alphabetical

DESCRIPTION:

This is the complete work history of an individual while employed by the state. The information contained in these files includes age, alcohol or drug addiction, current and past addresses, date of birth, educational level, employer, employment history, ethnic group, income, home ownership, job position information (grade/step, etc.), military service, name, name of kin, national origin, number of children, occupation, occupational licenses, physical disabilities, race, references, salary, salary withholdings, sex, signature, social security number, telephone number, letters of commendation, letters of recommendation, training completion certificates, application for employment, and performance appraisals. Actions may include new hire information, rehire information, cost of living adjustment, promotion, reinstatement, transfers from division, performance increases, reassignments, leave without pay status, productivity increases, special adjustments, demotions, reclassifications, longevity, and other specified actions.

RETENTION:

Retain until separation

DISPOSITION:

Destroy.

RETENTION AND DISPOSITION AUTHORIZATION:

These records are in Archives' permanent custody.

APPROVED: 10/1986

FORMAT MANAGEMENT:

Paper: Retain in Office until employee terminates employment and then transfer to Terminated Employee File.

Paper: Retain in Office until employee transfers and then forward the file to that agency.

3

AGENCY: Department of Health. Special Care Administration

SERIES: 5995

TITLE: Personnel files

(continued)

APPRAISAL:

These records have administrative value(s).

As a complete employment history, this record must be kept in the office for reference and for additions as long as the employee remains in the bureau. Once employment ends, the file can be transferred to the department's personnel bureau. See also General Schedule 1 Item 1.

PRIMARY DESIGNATION:

Private

AGENCY: Department of Health. Special Care Administration

SERIES: 8641

3

TITLE: Prior approval case files

DATES: 1984-1986.

ARRANGEMENT: None

DESCRIPTION:

This is the record of authorization for medical services given providers by the bureau. It is used to ensure that all treatments given to medicaid patients are necessary. This is required by 42 CFR 456.171 among other sections. The information in these files includes the patient's name, age, sex, address, social security number, and date of birth; the dates of approval and termination of service; a description of the proposed services including the procedure code, the number of units, the estimated costs, and the amount of units approved by the agency; a summary of the patient's medical history, diagnosis, and medical needs; the name, address, social security number or employer identification number, certificate number, and signature of the requesting provider; and the signature and date of signature of the reviewing authority.

RETENTION AND DISPOSITION AUTHORIZATION:

These records are in Archives' permanent custody.

APPROVED: 10/1986

FORMAT MANAGEMENT:

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

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

APPRAISAL:

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

While the federal government requires that these records be kept, they do not specify how long they should be kept. As the purpose of the record is to ensure that no unnecessary treatment is given to medicaid clients, it is an audit tool subject to review by the federal government.

AGENCY: Department of Health. Special Care Administration

SERIES: 8641

TITLE: Prior approval case files

(continued)

PRIMARY DESIGNATION:

Private

AGENCY: Department of Health. Special Care Administration

SERIES: 5996

3

TITLE: Provider Agreement Files

DATES: 1984-2004.

ARRANGEMENT: Alphabetical by provider name.

DESCRIPTION:

This is the record that medicaid providers have agreed to abide by medicaid requirements in order to be accepted in the program. These agreements are required by 42 CFR 431.107 and other sections of the CFR. The file also includes certification of the psychologists and a record of authorized signatures. These files include a copy of the Utah Social Services Health Plan Provider Agreement, Authorized Signatures for Medicaid Claims, Request for Provider Certificate, and a copy of the provider's license. Information includes the provider's name, address, and identification number; the date the agreement was signed; the name, address, telephone number, psychology license number, medicaid provider number, education level, employer identification number, and social security number of private psychologists; the name and address of individuals authorized to sign medicaid claims; and the date that the agreement was signed.

RETENTION AND DISPOSITION AUTHORIZATION:

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

APPROVED: 10/1986

FORMAT MANAGEMENT:

Paper: Retain in Office for 9 years or until the provider ceases to provide medicaid services and then destroy.

APPRAISAL:

These records have administrative, and/or legal value(s). The retention period applies to the documents in the file, not to the file as a whole. This record shows that the provider is aware of all medicaid requirements and the penalties for fraudulent actions. It also includes the identity of the individual(s) authorized to file medicaid claims. If a legal action should be initiated for fraudulent action, these documents might be necessary to support the government's position. The maximum length of time to take action in federal court for medicaid fraud is nine years. Documents over nine years old would have no legal value.

AGENCY: Department of Health. Special Care Administration

SERIES: 5996

TITLE: Provider Agreement Files

(continued)

PRIMARY DESIGNATION:

Private

REVIEW AND UPDATE STATUS:

This report was reviewed and updated on 03/2018.

AGENCY: Department of Health. Special Care Administration

SERIES: 8608

3

TITLE: Transportation invoices

DATES: 1984-1986.

ARRANGEMENT: Chronological

DESCRIPTION:

These are bills received from Yellow Cab company for transporting clients in the Social Services Health Plan to clinics or health care providers. Transportation is required by 42 CFR 431.53. These documents include the vendor's number, name, and address, the amount of the billing, the date of transportation, the name of the client, the client's social security number, and the addresses where the client was met and taken.

RETENTION AND DISPOSITION AUTHORIZATION:

These records are in Archives' permanent custody.

APPROVED: 10/1986

FORMAT MANAGEMENT:

Paper: Retain in Office for 3 years and then destroy.

APPRAISAL:

These records have administrative, and/or fiscal value(s). Although the federal government requires that provision be made for transportation, no specific record creating or keeping requirements are set. As the funds for this activity come from the federal government, they are subject to audit. The audit period is three years. Due to the small quantity of the record, an office retention is recommended.

PRIMARY DESIGNATION:

Private