

## Retention and Classification Report

**Agency:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of

**Records Officer:** \_\_\_\_\_

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**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7896

3

**TITLE:** Aged prior authorization

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of expired prior authorizations. This is part of COM number 68015E, MMIS Claims Exceptions Reports. It includes the run and report dates, the prior authorization number, the transaction control number, the recipient's name and identification number, the provider's identification number, and the authorization procedure giving the beginning and ending dates, the supply/diagnosis/drug code, the number of units authorized and used, and the dollar amount authorized and used. The fiche includes an index.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7896  
**TITLE:** Aged prior authorization

(continued)

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 8252

3

**TITLE:** Alphabetic diagnosis code report

**DATES:** 1985-

**ARRANGEMENT:** Alphanumeric by name and case number.

**DESCRIPTION:**

This is computer output microfiche 68035F, listing all the current codes to be used by health care providers in submitting claims for reimbursement for medicaid services. It includes the run and report dates, the name and code number of the diagnosis, the minimum and maximum ages and sex of the potential patients, and whether the diagnosis is accident, emergency, or family planning related.

**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:** 05/2003

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 8 years and then destroy.

CD-ROM: Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

This is the master copy of the microfiche. Discussion with the staff indicates that this record is needed for as long as action can be taken against a health care provider.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 8252  
**TITLE:** Alphabetic diagnosis code report

(continued)

**PRIMARY DESIGNATION:**

Public

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7939

3

**TITLE:** Alphabetical check register

**DATES:** 1977-

**ARRANGEMENT:** Alphabetical by name

**DESCRIPTION:**

This is a computer output microfiche number 18120F showing those individuals who are receiving assistance from the Department of Social Services. It includes the report date, the assistance case number, the district code, the assistance type code, the check number, the amount of the payment, and the payee's name and address.

**RETENTION:**

Retain for 9 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 2 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

Discussion with the staff indicates that they have no need of this record after two years. As 50 other copies plus a master of this fiche are made, there is no further need for them to keep their copy.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7939  
**TITLE:** Alphabetical check register

(continued)

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7936

3

**TITLE:** Batch balance reports

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output microfiche number 68015C giving statistical information on claims received and input into the MMIS system. The groupings of these claims are called batches. These include series numbered 07937 and 07938.

**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:** 03/2003

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 2 years and then destroy.

CD-ROM: Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 9775

3

**TITLE:** Batch control tickets

**DATES:** 1971-

**ARRANGEMENT:** Chronological, thereunder numerical by batch number

**DESCRIPTION:**

These are medicaid claim batch control tickets. They are used by the bureau to determine which type of medicaid claim document is being processed to facilitate the payment to the medicaid provider. The information includes batch date and number, document number, document type, clerk identification number, batch code, and date entered in computer.

**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:** 03/2003

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1997 through 2002. Retain in Office for 9 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years after transferred to COLD/LAN 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 and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 9775  
**TITLE:** Batch control tickets

(continued)

**PRIMARY DESIGNATION:**

Private

**SECONDARY DESIGNATION(S):**

Controlled.          Psychiatric information

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7938

3

**TITLE:** Batch summary

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a part of COM 68015C, Batch Balance Reports. Includes batch date, batch number, the batch type (HCFA form 1500, Drugs, Indigent, etc.), the individual who input the data into the system, the batch control sheet total, and the disposition of the batch (accepted or rejected).

**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:** 03/2003

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 2 years and then destroy.

CD-ROM: For records beginning in 2001 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: For records beginning in 2001 and continuing to the present. Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

This is an audit tool to ensure the accuracy of the data input to the MMIS system. It may be subject to federal audit. The audit period for the federal government is 3 years. Maintaining this record for 4 years will cover this period and allow leeway should

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7938  
**TITLE:** Batch summary

(continued)

the federal auditors be on a fiscal rather than a calendar year basis. Discussion with the staff indicates that their period of office use is 2 years.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 9679

4

**TITLE:** Billing work papers

**DATES:** 1987-

**ARRANGEMENT:** Numerical by computer run number

**ANNUAL ACCUMULATION:** 10.00 cubic feet.

**DESCRIPTION:**

Workpapers collected by the Utah Medical Assistance Program (UMAP) to pay medical claims sent to the department by authorized providers for their patients on medicaid. .

**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:** 06/1995

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 4 years or until microfilmed and then destroy provided microfilm has passed inspection.

Microfilm master: Retain in State Records Center for 4 years and then destroy.

Microfilm duplicate: Retain in Office 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. This retention is needed to ensure if there are any billing errors the agency can refer to the previous years.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of

**SERIES:** 9679

**TITLE:** Billing work papers

(continued)

**PRIMARY DESIGNATION:**

Public

**SECONDARY DESIGNATION(S):**

Private. Personal data elements.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 25216

3

**TITLE:** Children's Health Insurance Program (CHIP) premium remittance forms

**DATES:** 2002-

**ARRANGEMENT:** Chronologically

**ANNUAL ACCUMULATION:** 4.00 cubic feet.

**DESCRIPTION:**

This record series consists of remittance forms returned to the agency with payments made by parents or legal guardians of children receiving medical coverage through the Children's Health Insurance Program (CHIP) which is administered under guidelines provided in 42 CFR 7.21 (2002). The program provides medical coverage for children in the state of Utah not otherwise covered by health insurance. This state program receives federal funds through the Tobacco Master Settlement Agreement of 1998, as well as state funds. In order to qualify to participate in the program a child must be under the age of 19, a citizen of the United States or legal resident and fall within program income guidelines. Parents are billed quarterly for the health insurance. Information includes name of parent or guardian, case number, address and amount paid. May also include credit card numbers.

**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:** 01/2004

**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.



**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of

**SERIES:** 25216

**TITLE:** Children's Health Insurance Program (CHIP) premium remittance forms

(continued)

**APPRAISAL:**

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

Records in this series have temporary fiscal and administrative value and may be destroyed according to the retention schedule.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7917

3

**TITLE:** Claim adjustment exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims adjustments that exceed the norm established for this type of transaction. This is part of COM 68015E, MMIS Claims Exception Reports. It includes run and report dates, the category of service, the location code, the clerk's identification number, the transaction control number, the medical records number, the transaction control number to be adjusted, the identification numbers of the provider and recipient to be adjusted, the date of service to be adjusted, the reason for the adjustment code, the identification number of the clerk preparing the adjustment, and, if an error is made, the error code, a description of the error, and the status.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of

**SERIES:** 7917

**TITLE:** Claim adjustment exception

(continued)

**APPRAISAL:**

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

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7916

3

**TITLE:** Claim credit exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of credit applied to medicaid providers' accounts that exceed the norm established for this group. This is part of COM 68015E, MMIS Claims Exception Reports. It includes run date, category of service, transaction control number, clerk's identification number, medical records number, the transaction control number to be credited, the identification number of the provider and recipient to be credited, the dates of service to be credited, the reason for the credit, and if an error is made, the error code, description of the error, and status.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7916  
**TITLE:** Claim credit exception

(continued)

**APPRAISAL:**

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

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7944

3

**TITLE:** Claims in process

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output microfiche number 68015B listing of claims for payments from health care providers that have been submitted but not yet paid. It includes the report date, the provider identification number, the provider's name, the amount of the warrant, the warrant number, the low organizational and account numbers, the activity code, and the amount charged.

**RETENTION:**

Retain for 9 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 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

The maximum amount of time for which to take action against a health care provider for filing false claims is 9 years. This information could be of value in pursuing such an action.

Discussion with the staff indicates that they need the information in the office for two years.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of

**SERIES:** 7944

**TITLE:** Claims in process

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7898

3

**TITLE:** Claims to be adjusted

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims which need adjusted before they can be paid. This is part of COM number 68015E, MMIS Claims Exception Reports. It includes report and run dates, the identification number of the clerk inputting the data, the transaction control number, the provider identification number, and the recipient's identification number.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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



**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7898  
**TITLE:** Claims to be adjusted

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7900

3

**TITLE:** Claims to be paid due to force

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims that were erroneously rejected by the MMIS. This is part of COM number 68015E, MMIS Claims Exception Reports. It includes run and effective dates, the transaction control number, the recipient and provider identification numbers, the category of service, the dates of the first and last service, the net claim charge, the payment amount and the forced error code.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7900  
**TITLE:** Claims to be paid due to force

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 16909

3

**TITLE:** Correspondence file

**DATES:** 1986-

**ARRANGEMENT:** Chronological

**DESCRIPTION:**

This is a file of all correspondence and memoranda generated by the bureau. It includes copies of outgoing correspondence to providers, other Health Department bureaus, state agencies, the federal government, and the general public.

**RETENTION:**

Permanent. Retain for 12 year(s)

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 03/1987

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 10 years and then transfer to State Archives with authority to weed.

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

Computer data files: Retain in Office for 9 years and then delete provided erased records are those stored on COLD/LAN.

**APPRAISAL:**

These records have administrative, and/or historical value(s). These records are of long-term value because they document the activities of the bureau as a whole and show its policies, achievements, and activities. However, those records that deal with day-to-day situations have only an administrative value. Records under "1" include memoranda such as notices of holidays or charity and welfare fund appeals. Records under "2" relate to the office organization, staffing, procedures, and

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of

**SERIES:** 16909

**TITLE:** Correspondence file

(continued)

communications; the day-to-day administration of office personnel; supplies and office services and equipment requests and receipts; and the use of office space and utilities. Also, records that are duplicates of information filed elsewhere.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7940

3

**TITLE:** Cumulative year to date update proof

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output microfiche number 21115F summarizing the divisions's claim processing activities for the year. It includes the report date, the document control number, the type of claim (pharmacy invoice, prior authorization record, etc.), the claim status (adjudicated), the line number, the action taken code number, a description of the action taken on this record (i.e., change), the date the action was taken, the code number of the change, and an index by code number.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 2 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of

**SERIES:** 7940

**TITLE:** Cumulative year to date update proof

(continued)

**APPRAISAL:**

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

This is an audit report and does not need to be kept longer than the period for review by the federal government. Discussion with the office staff indicates that they need these records in the office for only two years.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 27259

1

**TITLE:** Daily paper claim logs

**DATES:** 2006-

**ARRANGEMENT:** Chronological by date received.

**ANNUAL ACCUMULATION:** 2.00 cubic feet.

**DESCRIPTION:**

Records which provide detailed information on incoming and/or outgoing documents, data, and other communications that require distribution or action.

**RETENTION:**

Retain for 7 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series is proposed and has not yet been approved.

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 2 years after date received and then transfer to State Records Center. Retain in State Records Center for 5 years and then destroy.

Computer data files: Retain in Office for 7 years after date received and then delete.

**APPRAISAL:**

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

These records have administrative value as they document the quantity and type of claims received. They have fiscal value as they document funds paid by Medicaid.

**PRIMARY DESIGNATION:**

Private UCA 63G-2-302 (1)(b) (2009)



**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7901

3

**TITLE:** Denied prior authorization services

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of rejected prior authorization for service. This is part of COM number 68015E, MMIS Claims Exception Reports. It includes run and report date, the prior authorization number, the transaction code number, the recipient and provider identification numbers, and the authorized services, giving the category, beginning and ending dates, the procedure/supply/diagnosis/drug code, the units used and the dollar amount used.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7901  
**TITLE:** Denied prior authorization services

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7909

3

**TITLE:** Dental claims exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims from dentists that exceed the norm for this group of providers. This is part of COM number 68015E, MMIS Claims Exception Reports. It includes run and report dates, the category of service, the location code, the clerk's identification number, the name of the employee entering the data in the terminal, the provider type code, the transaction control number, the name, sex, age, identification number, and date of birth of the recipient, the dentist's identification number, the recipient's type insurance code, the aid category code, the fund type code, if the recipient has other insurance, if the treatment is due to accident, auto related, EPSDT, or child abuse, the referring provider's identification number, the prior authorization number, the committed exceptions code, if error is made, the error code, the type of error, and the status, the tooth number and tooth surface codes, the place, date, and type of service, the procedure code, the submitted charge, the allowed charge, the source and amount of allowed charge, the billing date, the total charge, the amount of third party payments, if any, the amount of recipient payments, and the net charge.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. 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 and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7909  
**TITLE:** Dental claims exception

(continued)

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7889

3

**TITLE:** Dentist invoice

**DATES:** 1978-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are invoices submitted by dentists for reimbursement of services provided under the medicare and medicaid program. They include name, address, date of birth and sex of the patient; whether the client has health insurance other than medicaid, and, if so, the policy number, and the name and address of the insurance company; the name and license number of the provider; 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 services provided indicating which teeth were worked on, a description of the service provided, the date the service was performed, the procedure code, the charge per service, the name, address, and medicaid provider number of the health care provider, the total charges, the signature of the health care financing reviewer, the date the form was reviewed, and the reviewer identification number; and the signature and date of signature of the medicaid provider.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 01/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 month and then transfer to State Records Center. Retain in State Records Center for 11 months and then microfilm and destroy provided microfilm has passed inspection.

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

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7889  
**TITLE:** Dentist invoice

(continued)

**APPRAISAL:**

These records have administrative, and/or fiscal value(s).  
Previous decision: RDR 79-142: 1 year and microfilm/confidential.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7934

3

**TITLE:** Diagnosis code report

**DATES:** 1977-

**ARRANGEMENT:** Numerical by code number

**DESCRIPTION:**

This is a computer output microfiche number 68035F listing the code number for medical diagnosis for use by health care providers in submitting claims and in filling out the claim form. It includes report date, the name and code number of the diagnosis, the minimum and maximum ages and sex of potential patients, and whether the diagnosis resulted from an accident, an emergency, or family planning.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

These records have administrative, and/or legal value(s). According to discussion with the staff, they have need for only one copy and that copy's office use ends after two years. As action against fraudulent claims may be taken up to 9 years after the claim is submitted, one copy of this record should be kept

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7934  
**TITLE:** Diagnosis code report

(continued)

for that length of time in case it is needed for reference purposes.



**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 17425

3

**TITLE:** Electronic data transmission logs and reports

**DATES:** 1987-

**ARRANGEMENT:** Chronological, thereunder numerical by internally assigned number

**ANNUAL ACCUMULATION:** 12.00 cubic feet.

**DESCRIPTION:**

These logs and reports document the data entry of claims submitted electronically for reimbursement for services covered by medicaid. These documents are used as the source document for the data entry and serve as evidence that the claim has been processed. Includes the script questionnaire or the direct bill transfer control form and the CP152 Report. These forms contain information about: the julian date of the batch, the batch number, number of claims (invoices) in the batch, claim type (e.g., dental, HCFA), claim code, total submitted charge, name of health care provider, and contact name and phone number of the file submitter.

**RETENTION:**

Retain for 5 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 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 fiscal value(s). This disposition is based on the administrative needs expressed by the agency for conducting audits. Medicare Payment Records are Office of Health Care Financing for 9 years.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 17425  
**TITLE:** Electronic data transmission logs and reports

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7907

3

**TITLE:** Emergency transportation claim exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims from emergency transportation services that exceed the norm for this group of medicaid providers. This is part of COM 68015E, MMIS Claims Exception Reports. It 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 employed, 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 EPSDT, child abuse, or family planning involved, the diagnosis codes, if a lock in or case management 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 EPSDT indicator codes, the submitted charges, the allowed charges source, and the amount of allowed charge, billing date, total charges, less third party payments, and the net charges.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7907  
**TITLE:** Emergency transportation claim exception

(continued)

through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7918

3

**TITLE:** Exception summary by claim type

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a summary of claims identified as unusual by the MMIS. This is part of COM 68015E, MMIS Claims Exception Reports. It includes run and report dates, the claim type, the exception code, a description of the exception, the number of occurrences, the number of records, and the disposition (suspended, denied, paid).

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7897

3

**TITLE:** Expired preadmissions

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of expired preadmission approvals. This is part of COM number 68015E, MMIS Claims Exceptions Reports. It includes report and run dates, the name of the recipient, the transaction control number, the recipient's identification number, the provider's identification number, the beginning and ending dates, the date the claim denied, if done so, and the new document number.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7897  
**TITLE:** Expired preadmissions

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7910

3

**TITLE:** General medical claim exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims from general medical providers that exceed the norm for this group. This is part of COM 68015E, MMIS Claims Exception Reports. It includes run and report dates, the category of service, the location code, the clerk's identification number, the name of the employee inputting the data, the medical records number, the provider type code, the transaction control number, the recipient's name, age, sex, identification number, and date of birth, the provider identification number, the recipient's aid category, the recipient fund type code, if the recipient has other insurance, if the treatment an emergency, the prior approval number, the EPSDT indicator, if there is an error, the error code, description of the error, and the status code, the dates of service, the number of units, the place of service, the type of service, the amount of extra charge, the submitted charge amount, the allowed charge source, and the allowed charge amount, the billing date, the total charge, the amount of third party and recipient's payments, and the net charge.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the



**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7910  
**TITLE:** General medical claim exception

(continued)

present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7888

3

**TITLE:** Health insurance claim form

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a claim submitted by medical providers for services rendered under medicare and medicaid programs. The form includes 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 physician, 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 physician, 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 physician or supplier, the provider type, the social security number, employer identification number, and signature of the physician or supplier, the patient's account number, the total charge, the amount paid by the patient, the balance due, and the date the form was completed.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7888  
**TITLE:** Health insurance claim form

(continued)

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 month and then transfer to State Records Center. Retain in State Records Center for 11 months and then microfilm and destroy provided microfilm has passed inspection.

**APPRAISAL:**

These records have administrative, and/or fiscal value(s).  
Previous decision: RDR 79-142: 1 year and microfilm/confidential.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7913

3

**TITLE:** In-patient hospital claim exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of hospital claims for in-patient services that exceed the norm established for this group. This is part of COM number 68015E, MMIS Claim Exception Reports. It includes run and report dates; the category of service; the location code; the clerk's identification number; the name of the employee entering the data; the medical records number; the provider type; 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; if the recipient is in lock in or case management; the recipient's aid category; the fund type and insurance codes; whether the treatment is for EPSDT, family planning, auto related, or other accident; if employed; the prior approval number and indicator; the referring provider's license number; the attending physician's and the admitting physician's license numbers; the admission date, hour, and type; the beginning and ending dates of service; the admitting diagnosis; the surgeon(s) license number; the surgery date(s); the surgical procedure code(s); the total days in hospital; the number of covered and non-covered days; the discharge date or the date of death; the status code (still a patient or discharged); if child abuse is involved; the billing date; the bill type; the committed exceptions; and if there is an error, the error code number, description of the error, and the status code; and a statement of services that gives a description of the services, the number of days in hospital, the daily rate, the total charges, the non-covered amount, and the source and amount of allowed charges.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7913  
**TITLE:** In-patient hospital claim exception

(continued)

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 16908

3

**TITLE:** Incoming correspondence file

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are copies of correspondence received by the bureau from other bureaus in the division, other divisions in Health, other state agencies, providers, and others.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 03/1987

**FORMAT MANAGEMENT:**

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

**APPRAISAL:**

These records have administrative value(s).

As this correspondence is not originated by the bureau, they do not need to keep it beyond its administrative value.

**PRIMARY DESIGNATION:**

Public

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7905

3

**TITLE:** Independent lab and x-ray claim exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are claims from laboratories and x-ray facilities that exceed the norm for these types of facilities. This is part of COM number 68015E, MMIS Claims Exception Reports. It 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 employed; 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 EPSDT, child abuse, or family planning involved; the diagnosis codes; if a lock in or case management 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 EPSDT indicator codes; the submitted charges; the allowed charges source; and the amount of allowed charge; billing date; total charges; less third party payments; and the net charges.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7905  
**TITLE:** Independent lab and x-ray claim exception

(continued)

through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7922

3

**TITLE:** Indigent eligibility/need exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims submitted for indigents which exceed the norm established for that group. This is part of COM 68015E, MMIS Claims Exception Reports. It includes run and report dates, the location code, the clerk's identification number, the name of the employee entering the data to the system, the transaction control number, the recipient's name, sex, age, identification number, and date of birth, the provider's identification number, the prior authorization number, the effective and termination dates, the reviewer's identification number, if the reviewer signed the claim, and the date of signature, if an error occurred, the error code, description of the error, and the status, and a statement of services giving the drug, supply, or procedure codes, the requested units, and the approved units.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7922  
**TITLE:** Indigent eligibility/need exception

(continued)

**APPRAISAL:**

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

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7890

3

**TITLE:** Long-term care turnaround document

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are to reimburse long term care providers for services rendered under the medicaid and medicare programs. This document includes document number, a list of clients and the charges for service to those clients giving the client identification number, client name, the location, the daily charge, beginning and ending dates of service, the current monthly charge, the client's income resources from family and from other sources, the current net charge, the document number, the total days billed, the number of hospital leave days, their leave days, the discharge date, the discharge diagnosis, the name, address, and identification number of the health care provider, the signature of the provider, and the billing date.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 01/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 month and then transfer to State Records Center. Retain in State Records Center for 11 months and then microfilm and destroy provided microfilm has passed inspection.

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

Computer output microfiche master: Retain in State Records Center until no longer administratively valuable and then destroy.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of

**SERIES:** 7890

**TITLE:** Long-term care turnaround document

(continued)

**APPRAISAL:**

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

Previous decision: RDR 79-142: 1 year and microfilm/confidential.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 17917

3

**TITLE:** Medicaid buyout program case files

**DATES:** 1992-

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

**ANNUAL ACCUMULATION:** 2.00 cubic feet.

**DESCRIPTION:**

These records document the medicaid buyout program. This special medicaid program is governed by UCA 26-18-401(1996), and allows qualified individuals to receive medicaid assistance whereby medicaid pays their medical insurance premiums to private insurance companies. The program benefits individuals who would not normally qualify for the medicaid program. Information includes correspondence, client name, address, social security number, dollar amount paid to private insurance company, and some minor medical information, such as medical condition.

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

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of

**SERIES:** 17917

**TITLE:** Medicaid buyout program case files

(continued)

**PRIMARY DESIGNATION:**

Private

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

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 83640

3

**TITLE:** Medicaid Management Information Systems direct billing report

**DATES:** 1986-

**ARRANGEMENT:** chronological

**DESCRIPTION:**

This report is titled Direct Billed Accepted Batches and shows Tape Number, Provider, Batch Date and Number, Keyed by, Batch Control and sheet total.

**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:** 07/2001

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1986 through 2002. Retain in Office for 9 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete provided erased records are those stored on COLD/LAN.

**APPRAISAL:**

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

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 83640  
**TITLE:** Medicaid Management Information Systems direct billing report

(continued)

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 6765

3

**TITLE:** Medical claims

**DATES:** 1979-

**ARRANGEMENT:** Chronological, thereunder numerical by transaction control number

**ANNUAL ACCUMULATION:** 42.00 cubic feet.

**DESCRIPTION:**

Reimbursement claims filed by medical providers for services covered by medicare or medicaid, and used by the bureau to approve payments to providers for eligible patients. Includes transportation claims, corrective forms, prior approvals, preadmissions, payment adjustments, invoices, health insurance claims, pharmacy claims, outpatient claims, and long-term care turnaround documents. Information contained within this record includes but is not limited to: patient name, address, telephone number, birth date and gender; whether the client has health insurance; name, address, and medicaid provider number of the health care provider; description of services performed and charges; health care provider signature, and the health care financing reviewer.

**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:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 10 years and then destroy.

Microfilm master: Retain in Archives for 10 years and then destroy.

Microfilm duplicate: For records prior to and including 2004. Retain in Office for 10 years and then destroy.

Paper copy: Retain in Office until administrative need ends and

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 6765  
**TITLE:** Medical claims

(continued)

then destroy.

Computer data files: For records beginning in 2004 and continuing to the present. Retain in Office for 10 years and then delete.

Microfilm duplicate: For records prior to and including 2004. Retain in Agency Record Center for 10 years and then destroy.

**APPRAISAL:**

These records have administrative, and/or fiscal value(s). This disposition is based on the administrative and fiscal value of these claims. The state is required under 42 CFR 455 (1994) to investigate complaints of medicaid fraud or abuse, but it does not specify any statute of limitations. UCA 76-1-302(1)(a)(1994), specifies that prosecution for a felony must commence within 4 years after it is committed. The statute of limitations for reimbursement is 8 years as stated by UCA 76-1-302(1994). The statute of limitations for bringing action on false claims of 6 years and is covered by 31 USCS 3731. The federal government has 3 years in which to audit these records.

**PRIMARY DESIGNATION:**

Private

**SECONDARY DESIGNATION(S):**

Controlled

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7941

3

**TITLE:** Medical identification card register

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output microfiche number 18120D prepared monthly listing all health care providers enrolled in the medicaid program. It includes run date, the report date, the district number, and a listing of the physicians giving their names and identification card numbers.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete provided erased records are those stored on COLD/LAN.

**APPRAISAL:**

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

The period for legal actions against providers filing false claims is 9 years. If such an action were to be taken, it is conceivable that this information may be of value. Therefore, it should be kept for 9 years. Discussion with the staff indicates that they only need the record in the office for two years.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7941  
**TITLE:** Medical identification card register

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7929

3

**TITLE:** Medical payments bureau remittance statement

**DATES:** 1976-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is computer output microfiche number 68015A produced weekly showing the medicaid 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 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

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

**APPROVED:** 03/2003

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1976 through 2001. Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 1 year and then destroy.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7929  
**TITLE:** Medical payments bureau remittance statement

(continued)

CD-ROM: For records beginning in 2001 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: For records beginning in 2001 and continuing to the present. Retain in Office for 9 years and then delete.

**APPRAISAL:**

These records have administrative, and/or fiscal value(s). Discussion with the staff indicates that they need only one of seven copies of this fiche and that they need it two years. As there are nine other copies and a master of this fiche, keeping the fiche beyond its office use is unnecessary.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7921

3

**TITLE:** Medicare crossover payment records disposition

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a record of medicaid claims submitted for medicare recipients and the final disposition of those claims. This is part of COM 68015E, MMIS Claims Exception Reports. It includes run and report dates, the transaction control number, the recipient's identification number and name, the provider's identification number, the category of service, the dates of service, the status (accept, reject), the amount of the medicare and the amount of the medicaid payments.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of

**SERIES:** 7921

**TITLE:** Medicare crossover payment records disposition

(continued)

**APPRAISAL:**

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

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7919

3

**TITLE:** Medicare crossover rejections

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims submitted for recipients who are also receiving medicare benefits and who are not eligible for medicaid payments. This is part of COM 68015E, MMIS Claims Exception Reports. It includes run date, location code, transaction control number, the recipient's name, sex, age, identification number, and date of birth, the provider number, the provider category of service, the procedure code, diagnosis code, amount paid by medicare, total claims charges, third party amount, non-covered amount, net charges, co-insurance amount, deductible amount, and the amount to be paid by medicaid, the dates of service, the total days of service, the date medicare received, the dates medicare and medicaid paid, and if an error, the error code, a description of the error, and the status.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7919  
**TITLE:** Medicare crossover rejections

(continued)

**APPRAISAL:**

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

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7920

3

**TITLE:** Medicare crossover rejections for state review and follow up

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims rejected because the recipient is also receiving medicare benefits. These are identified so that they can be further investigated by the department. This is part of COM 68015E, MMIS Claims Exceptions Reports. It includes run date, location code, transaction control number, the recipient's name, sex, age, identification number, and date of birth, the provider number, the provider category of service, the procedure code, diagnosis code, amount paid by medicare, total claims charge, third party amount, non-covered amount, net charges, co-insurance amount, deductible amount, and the amount to be paid by medicaid, the dates of service, the total days of service, the date medicare received, the dates medicare and medicaid paid, and if an error, the error code, a description of the error, and the status, plus the related history giving the exception code, the transaction code number(s), the recipient and provider identification number(s), the category of service, the dates of service, the dates medicare paid, the total charges, and the claim type(s).

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7920  
**TITLE:** Medicare crossover rejections for state review and follow up

(continued)

present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 19003

3

**TITLE:** Medicare crossover transaction report

**DATES:** 1997-

**ARRANGEMENT:** Numerical by transaction control number

**ANNUAL ACCUMULATION:** 0.50 cubic feet.

**DESCRIPTION:**

This is a list of Medicare claims that are crossed over to Medicaid claims for Medicaid partial payment. The report includes the medicare document number, medicaid transaction control number, recipient ID number, provider number, co-insurance amount, deductible amount, Medicare payment amount, payment date, Medicaid amount, Medicaid payment date and disposition code.

**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:** 03/2003

**FORMAT MANAGEMENT:**

Paper: For records beginning in 1997 through 2001. Retain in Office until microfiched and then destroy.

Microfiche master: For records beginning in 1997 through 2001. Retain in Office for 7 years and then destroy.

CD-ROM: For records beginning in 2001 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: For records beginning in 2001 and continuing to the present. Retain in Office for 9 years and then delete provided erased records are those stored on COLD/LAN.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 19003  
**TITLE:** Medicare crossover transaction report

(continued)

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7924

3

**TITLE:** Migrant expenditure analysis

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of expenditures made for health care for migrant workers. This is part of COM 68015E, MMIS Claims Exception Reports. It includes report and run dates, the county code, the aid category, the transaction code number, the type of service, the recipient's and provider's identification numbers, the submitted charges, the reimbursed amount, the beginning and ending dates, and the total amounts for the aid category and for the county.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of

**SERIES:** 7924

**TITLE:** Migrant expenditure analysis

(continued)

**APPRAISAL:**

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

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7911

3

**TITLE:** Non-emergency transportation claim exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims from non-emergency transportation companies that exceed the norm established for this group. This is part of COM 68015E, MMIS Claims Exception Reports. It includes run and report dates, the category of service, the location code, the clerk's identification number, the name of the employee inputting the data, the medical records number, the provider type code, the transaction control number, the recipient's name, age, sex, identification number, and date of birth, the provider identification number, the recipient's aid category, the recipient fund type code, if the recipient has other insurance, if the treatment an emergency, the prior approval number, the EPSDT indicator, if there is an error, the error code, description of the error, and the status code, the dates of service, the number of units or the number of miles, the place of service and the destination codes, the type of service, the amount of extra charge, the submitted charge amount, the allowed charge source, and the allowed charge amount, the billing date, the total charge, the amount of third party and recipient's payments, and the net charge.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. 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 and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7911  
**TITLE:** Non-emergency transportation claim exception

(continued)

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7914

3

**TITLE:** Nursing home claim exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims from nursing homes that exceed the norm established for this group. This is part of COM 68015E, MMIS Claims Exception Reports. It includes run and report dates, the category of service, the location code, the clerk's identification number, the name of the employee entering the data, the medical records number, the provider type, the transaction control number, the recipient's name, age, sex, identification number, and date of birth, the period covered by the statement, the dates admitted to and discharged from the nursing home, the level of care code, the medicaid admission date, the prior approval code number, the admitting diagnosis code number, the total charge, the amount deducted for family income, other income, aid in assistance, and third party payments, and the net charges, the billing date, the amount allowed charges, the committed exceptions, and if there is an error, the error code, a description of the error, and the status.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of

**SERIES:** 7914

**TITLE:** Nursing home claim exception

(continued)

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7903

3

**TITLE:** Outpatient hospital claim exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are outpatient hospital claims that exceed the parameters established as normal by the MMIS. This is part of COM 68015E, MMIS Claims Exception Reports. It includes run and report dates, the location number, the clerk's identification number, the name of the employee entering the data on the terminal, the medical records number, 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, if any, the recipient's aid category, the fund type code, if the recipient is employed, if the treatment is for emergency, accident, or auto related, the referring provider's identification number, the identity of the recipient's insurance company, the prior approval number, the date of the accident, if any, whether the recipient is in Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), whether child abuse is involved, if the treatment is related to family planning, if the patient is in lock in or case management, and, if so, the provider identification number, and a record of services rendered, giving the dates of first and last services, the units of service, the place and type of service, the procedure code, the diagnosis code, the EPSDT indicator code, the submitted charge, the allowed charge source, and the amount of allowed charge.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7903  
**TITLE:** Outpatient hospital claim exception

(continued)

through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7912

3

**TITLE:** Pharmacy claim exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims from pharmacists that exceed the norm established for this group. This is part of COM number 68015E, MMIS Claims Exception Reports. It includes run and report dates, the category of service, the location code, the clerk identification number, the name of the employee entering the data on the terminal, the medical records number, the provider type code, the transaction control number, the recipient's name, sex, age, identification number, and date of birth, the provider's identification number, the recipient's type insurance, aid category, and fund type codes, other insurance coverage, the drug name, prescription number, if prescription is a refill, the drug code, the prior authorization indicator and number, the dispensing date, the number of units, the prescriber's license number, the billed charge, the amount of any third party payment, the allowed charge source and amount, the billing date, the dispensing fee, if lock in or case management involved, the provider's identification number, and if an error, the error code, description of the error, and the status.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7912  
**TITLE:** Pharmacy claim exception

(continued)

present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7906

3

**TITLE:** Practitioner claim exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims from medical practitioners that exceed the norm for that group. This is part of COM number 68015E, MMIS Exception Reports. It 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 employed; 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 EPSDT, child abuse, or family planning involved; the diagnosis codes; if a lock in or case management 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 EPSDT indicator codes; the submitted charges; the allowed charges source; and the amount of allowed charge; billing date; total charges; less third party payments; and the net charges.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7906  
**TITLE:** Practitioner claim exception

(continued)

through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7902

3

**TITLE:** Pre-admission continued stay

**DATES:** 1977-

**ARRANGEMENT:** none

**DESCRIPTION:**

This is a list of pre-admission/continued stay approval forms input into MMIS. This is part of COM number 68015E, MMIS Claims Exception Reports. It includes run and report dates, the location code, the identification number of the clerk inputting the data, the name of the individual inputting the data, the transaction control number, the recipient's name, age, sex, identification number, date of birth, and address, the provider's identification number, the recipient's insurance type code, the recipient's aid category code, the recipient's fund type code, whether the recipient has other insurance, if the recipient has received medicare, the dates of service and the medicare identification number, the patient's admission dates, the attending and admitting physicians' license numbers, the name and telephone number of the responsible party, the diagnostic codes and onset dates, the surgical procedures codes and dates, and the approved level of care codes and the beginning and ending dates of stay.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7902  
**TITLE:** Pre-admission continued stay

(continued)

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 27263

3

**TITLE:** Prehearing records

**DATES:** 2004-

**ARRANGEMENT:** Chronological by hearing and/or prehearing date.

**ANNUAL ACCUMULATION:** 1.00 cubic foot.

**DESCRIPTION:**

This series contains denied claims, Medicaid eligibility information, and policy manual references presented during hearings and prehearings for denied payment appeals. Prehearings and hearings are held for individuals who appeal their denial of payments for medical or other related services from the Primary Care Network (PCN). The PCN program provides primary care services only as outlined in the PCN provider manual and does not cover speciality and hospital services for incidents that are not life-threatening. Information includes names, dates of birth, Medicaid ID numbers, personal health records, and policy manual references. Hearing and prehearing minutes are held by the division office.

**RETENTION:**

Retain for 7 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:** 01/2011

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 2 years after case closes 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). These records have administrative value as they document internal processes for fair hearings. They also have fiscal value as they document payments from state and federal funds and legal value as

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 27263  
**TITLE:** Prehearing records

(continued)

they document hearing outcomes. Record requirements are provided in the Utah Administrative Code R410-14-15.

**PRIMARY DESIGNATION:**

Private UCA 63G-2-302(1)(b)(2009); UCA 63G-2-302(2)(d); and UCA 63G-2-304

**SECONDARY DESIGNATION(S):**

Public

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7945

3

**TITLE:** Preliminary payment summary

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a computer output microfiche number 68015F produced weekly that lists the payments made to health care providers under the medicaid system. This is used as an audit tool. It includes the run and report dates, the provider's identification number, the payee's name and address, the amount of the warrant, the warrant number, the low organizational and account numbers, the activity code, and the amount charged.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

These records have administrative, and/or fiscal value(s). The maximum amount of time for which to take action against a health care provider for filing a false claim is 9 years. This information could be of value in pursuing such an action.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of

**SERIES:** 7945

**TITLE:** Preliminary payment summary

(continued)

Discussion with the staff indicates that this record has an administrative value of two years.

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7923

3

**TITLE:** Prior authorization request exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of prior authorization request that exceed the norm established for that group. This is part of COM 68015E, MMIS Claims Exception Reports. It includes run and report dates, the location code, the clerk's identification number, the name of the employee entering the data to the system, the transaction control number, the recipient's name, sex, age, identification number, and date of birth, the provider's identification number, the prior authorization number, the effective and termination dates, the reviewer's identification number, if the reviewer signed the claim, and the date of signature, if an error occurred, the error code, description of the error, and the status, and a statement of services broken down by estimated units and cost, approved units and cost, and units used and cost; if recipient hospitalized, the provider identification number, the estimated number of days in the hospital, the hospital procedure code, the approved days stay, sterilization data, reviewer identification number, if the reviewer signed the claim and the signature date.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7923  
**TITLE:** Prior authorization request exception

(continued)

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 12240

3

**TITLE:** Project and suspense correspondence

**DATES:** 1986-

**ARRANGEMENT:** Chronological

**ANNUAL ACCUMULATION:** 3.00 cubic feet.

**DESCRIPTION:**

Correspondence received and created by the bureau relating to bureau projects. Does not include executive correspondence, which might document office procedures or policies.

**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:** 11/1996

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 2 years 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:**

Public

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 8017

3

**TITLE:** Provider ranking list

**DATES:** 1981-

**ARRANGEMENT:** Chronological.

**DESCRIPTION:**

Electronic versions of printed publications if unique data are included, as well as information and documents published via the Internet or State Bulletin Board System.

**RETENTION:**

Retain permanently

**DISPOSITION:**

May Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series is authorized by Archives general schedule Publications, GRS-1678.

**AUTHORIZED:** 10-30-2018

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1981 through 2001. Retain in Office permanently.

Computer magnetic storage media: For records beginning in 2002 and continuing to the present. Retain in Office permanently.

**APPRAISAL:**

These records have administrative value(s).

This disposition is based on the records administrative needs.

Previous decision (08/1986): Retain permanently in Archives.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 8017  
**TITLE:** Provider ranking list

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 83637

3

**TITLE:** Provider year to date claims

**DATES:** 1986-

**ARRANGEMENT:** Chronological

**DESCRIPTION:**

This report shows the recipient number, recipient name, transaction control number, and provider number.

**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:** 07/2001

**FORMAT MANAGEMENT:**

Computer output microfilm master: For records beginning in 1986 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete provided erased records are those stored on COLD/LAN.

**APPRAISAL:**

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

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 83637  
**TITLE:** Provider year to date claims

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7946

3

**TITLE:** Recipient year to date report

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a year end summary of all the claims filed by each medicaid recipient during the year. This is used as an audit tool. It includes run date, report date, the name and number of the recipient, a listing of all the claims filed by the recipient including the name and identification number of the health care provider, the transaction control number, the date the provider was paid, the dates of the first and last service, the type of aid given the total charges, the amount received from other sources and from insurance, the amount of the payment paid by the government, and, if a prescription was filled, the prescription number, drug code and name.

**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:** 03/2003

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2001. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 2 years and then destroy.

CD-ROM: For records beginning in 2001 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: For records beginning in 2001 and continuing to the present. Retain in Office for 9 years and then delete.



**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7946  
**TITLE:** Recipient year to date report

(continued)

**APPRAISAL:**

These records have administrative, and/or fiscal value(s).  
This bureau receives multiple copies of this fiche but they only need one copy. This one copy needs to be kept for 4 years for audit purposes. The federal government has a three year audit period but as they operate on fiscal years, the record should be kept for 4 calendar years. Discussion with the office indicates that they only need to keep this record in the office for two years.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7937

3

**TITLE:** Rejected batches

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a part of COM number 68015C, Batch Balance Reports. It includes run date, the report date, the batch date, the batch type, the individual who input the data into the system, the batch sheet number, and the number of input images.

**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:** 03/2003

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2001. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 2 years and then destroy.

CD-ROM: For records beginning in 2001 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: For records beginning in 2001 and continuing to the present. Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7908

3

**TITLE:** Rural health claim exception

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims from rural health clinics that exceed the norm for providers in this category. This is part of COM 68015E, MMIS Claims Exception Reports. It 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 employed, 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 EPSDT, child abuse, or family planning involved, the diagnosis codes, if a lock in or case management 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 EPSDT indicator codes, the submitted charges, the allowed charges source, and the amount of allowed charge, billing date, total charges, less third party payments, and the net charges.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7908  
**TITLE:** Rural health claim exception

(continued)

through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

These records have administrative value(s).

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7899

3

**TITLE:** Services to be clerically denied

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a list of claims which must be manually denied. This is part of COM number 68015E, MMIS Claims Exception Reports. It includes report and run dates, the transaction control number, the recipient's and provider's identification number, the category of service, the dates of first and last service, the net claim charge, the payment amount, and the denied error codes.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

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

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7899  
**TITLE:** Services to be clerically denied

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 16911

3

**TITLE:** Supervisor's personnel files

**DATES:** 1983-

**ARRANGEMENT:** Alphabetical by name

**DESCRIPTION:**

These are duplicate personnel records that are maintained by the bureau to enable management to appraise performance and handle other day-to-day supervisory matters. They include leave applications, personnel action request forms, performance plans, processing reports, employee work schedules, performance reviews, and position descriptions, the employee's name, address, social security number, position title, and work responsibilities.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 03/1987

**FORMAT MANAGEMENT:**

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

**APPRAISAL:**

These records have administrative value(s).

As this file is used for appraisal purposes, a year retention is sufficient because no appraisal may cover more than a one year period.

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 16911  
**TITLE:** Supervisor's personnel files

(continued)

**PRIMARY DESIGNATION:**

Private



**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 7904

3

**TITLE:** Transaction register

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a register of medicaid transactions input into the MMIS. This is part of COM 68015E, MMIS Claims Exception Reports. It includes run and report dates, the transaction control number, recipient and provider identification numbers, form indicator code, dates of first and last service, the payment amount and the exception amount.

**RETENTION:**

Retain for 9 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: For records beginning in 1977 through 2002. Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 7 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 7904  
**TITLE:** Transaction register

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 18159

3

**TITLE:** Utah Health Information Network transmission summary

**DATES:** 1995-

**ARRANGEMENT:** Chronological

**ANNUAL ACCUMULATION:** 12.00 cubic feet.

**DESCRIPTION:**

These records are a daily report of claims submitted electronically through the Utah Health Information Network (UHIN) from medical providers, for their patients on the medicaid system. Providers are contacted about transmission errors and asked to resubmit their previous claims. These records document errors to ensure the information received is correct. Information includes transmitters name, provider or transmitter identification number, number of claims submitted, number of claims rejected or pending, claim dollar amount, and errors occurring during the transmission.

**RETENTION:**

Retain for 5 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 3 months 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 and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of  
**SERIES:** 18159  
**TITLE:** Utah Health Information Network transmission summary

(continued)

**PRIMARY DESIGNATION:**  
Private UCA 63G-2-302 (2008)

**AGENCY:** Department of Health and Human Services. Healthcare Administration. Division of Integrated Healthcare. Office of Medicaid Operations.

**SERIES:** 84686

3

**TITLE:** Yearly deleted claims

**DATES:** 1989-

**ARRANGEMENT:** Chronological

**DESCRIPTION:**

This record series tracks Medicaid claims on individual medical services which are received by the Bureau and transferred to backup systems. Claims entered into the Medicaid Management Information System and later manually deleted by a Medicaid worker are recorded on this report.

**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:** 05/2003

**FORMAT MANAGEMENT:**

Microfiche master: For records beginning in 1989 through 2002. Retain in Office for 9 years and then destroy.

CD-ROM: For records beginning in 2002 and continuing to the present. Retain in Office for 9 years and then destroy.

Computer data files: Retain in Office for 9 years and then delete provided erased records are those stored on COLD/LAN.

**APPRAISAL:**

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

This record series is governed by 42 CFR 447.45.