



RECORDS RETENTION AND DISPOSITION SCHEDULE

Insurance, Department of. Patients' Compensation.

Agency: Patients' Compensation		Division:	
ITEM NO.	RECORD SERIES	TITLE/DESCRIPTION (This Retention Schedule is approved on a space-available basis)	RETENTION PERIOD
1	83-544	MASTER FILE (COMPUTER DATABASE) Maintained in computer database by ISD. Information in this database is taken from the Certificate of Insurance: health care provider's name and address, insurance company and policy number, coverage dates, amount of surcharge and premium, date certificate paid and received.	BACK-UP onto magnetic tape once a week. Maintain information in database for seventy-five (75) years. Database is programmed to delete information that is seventy-five years old or older.
2	83-551	PAYMENTS FROM FUND Claims settled for more than \$100,000 will be paid from the Patients Compensation fund between January 1-15 of year following the settlement. The first \$100,000 is paid by the insurance company.	SCAN upon receipt. DESTROY paper copy when verified and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges. Save scanned images to disk. MIGRATE images to new disk every five (5) years. DESTROY scanned images after seventy-five (75) years.
3	83-552	CLAIMS DATABASE An entry is made in this record series for each claim made; includes plaintiff's name, defendants name, date claim is filed, date formation of panel is requested (panel consists of an attorney and three doctors), date last panel member is selected (opinion must be rendered within 180 days), date panel opinion is rendered (malpractice or no malpractice). Database maintained by IDOA-ISD.	BACK- UP database onto magnetic tape once a week. DELETE entry when corresponding claim file is destroyed.
4	83-556	UNIFORM CLAIM REPORTS DATABASE Documents claim reports sent in by insurance companies pursuant to IC 34-18-9-3 (1998 Edition); includes defendant's name, plaintiff's name, claim number, severity of injury code, amount of settlement, date claim reported, date of loss. Maintained by IDOA-ISD.	BACK-UP database once a week onto magnetic tapes. DELETE entries five (5) years after being entered into database.
5	83-561	COMPANY REGISTER DATABASE Database of names of health care providers who have certificates of insurance with and paid for by a particular insurance company. Maintained by IDOA-ISD.	BACK-UP once a week onto magnetic tape. DELETE entries after eight (8) years.
6	83-562	MONTHLY REPORTS Reflects number and breakdown of admitted health care providers.	DESTROY after three years.
7	83-563	ANNUAL REPORTS Reflects number and breakdown of claims filed as well as those of admitted health care providers; includes statistics for the Patient's Compensation Fund; this report is cumulative; also includes report from Residual Malpractice Insurance Authority (IC 34-18-17-4; 1998 Edition).	TRANSFER one (1) copy to the Indiana Archives, after five (5) years. DESTROY any remaining reports when outdated or replaced.
8	83-568	CERTIFICATE ONLY DATABASE - AFTER 9-1-79 Database maintained by IDOA-ISD. Entries made from certificates received from insurance companies after 9-1-79 on which no payment has been received. IC 34-18-5-3 (1998 Edition) puts a limit on the amount of time an insurance company has to pay the surcharge in order to have compliance.	DESTROY certificates from insurance company when entry is verified in the computer. Back-up database once a week onto magnetic tape. DELETE entry after three (3) years.

9	86-430	CERTIFICATES OF INSURANCE This certificate showing financial responsibility of a health care provider is required in order to comply with the terms of the Medical Malpractice Act (IC 34-18-4-1). It is provided by an insurance company and includes the policy number, the health care provider's name and address, classification number, coverage dates, amount of premium and amount of surcharge paid. These certificates are filed alphabetically by health care provider's name within each calendar year. Retention based on IC 34-18-7-1.	SCAN into computer upon receipt. DESTROY hard copy when entry is verified in the computer. BACK-UP files once a week onto magnetic tape. DELETE scanned image after eight (8) years.
10	99-16	OPEN CLAIMS Arranged by plaintiff's name; claims awaiting request for formation of a panel (IC 34-18-10-2), or claims on which a panel opinion has been rendered. Includes files of patients' claims received prior to 07-01-75, (IC 34-18-7-2); or in which defendant was not in compliance, (IC 34-18-5-3); or in which a dollar amount was indicated in the prayer of the claim (IC 34-18-8-3); or if there is a possibility of the claim being past the statute of limitations, (IC 34-18-7-1) (All citations -- 1998 Edition).	TRANSFER to CLOSED CLAIMS upon settlement if less than \$100,000. TRANSFER to PAYMENTS FROM FUND upon settlement if more than \$100,000.
11	99-17	CLOSED CLAIMS Files are closed when settlement is made or by plaintiff dismissing or withdrawing from the case, or by commissioner if action has not taken place for at least two (2) years (IC 34-18-8-8); copy is sent to the Attorney General; may include correspondence regarding claim. Arranged by plaintiff's name. (1998 Edition).	TRANSFER to the STATE RECORDS CENTER upon complete closure. DESTROY after five (5) years in the RECORDS CENTER.
12	99-18	NATIONAL PRACTITIONER DATABASE REPORT Reporting in accordance with 42 USC Sec. 11134; Federal form #HRSA529; Report is legal size carbon form, other four (4) pieces of report are letter size. Approximately 120 reports generated every six (6) months. Agency keeps one copy of report.	TRANSFER to the RECORDS CENTER two (2) years after report is filed. DESTROY after an additional three (3) years in the RECORDS CENTER. TOTAL RETENTION: Five (5) years.