RECORDS RETENTION AND DISPOSITION SCHEDULE
Insurance, Department of. Utilization And Medical Claims Review.

Agency: Utilization And Medical Claims Review Division:

ITEM NO.	RECORD SERIES	TITLE/DESCRIPTION *(This Retention Schedule is approved on a space-available basis)*	RETENTION PERIOD
1	98-18	**ACTIVE UTILIZATION REVIEW & MEDICAL CLAIMS REVIEW FILES** Pursuant to IC 27-8-17-6, 1993 Edition, health care "utilization review" means a system for prospective, concurrent, or retrospective review of the medical necessity and appropriateness of health care services provided or proposed to be provided to a covered individual. A utilization review agent must submit an application and application fee to the Department of Insurance in order to be issued a certificate of registration (IC 27-8-17-9, 1993 Edition). A claim review agent has comparable approval procedures [IC 27-8-16-5.2, (1997 Supplement)]. When agents cease all review activities in Indiana, the agents are INACTIVE [IC 27-8-7-15 and IC 27-8-17-17, (1993 Edition)]. "Medical claims review" means the determination of the reimbursement to be provided under the terms of an insurance policy, a health maintenance organization contract, or another benefit program providing payment, reimbursement, or indemnification for health care costs based on the appropriateness of health care services orthe amount charged for a health care service delivered to an enrollee. Confidential, [IC 27-8-17-18, (1993 Edition), and IC 27-8-16-13, (1997 Supplement)].	TRANSFER to INACTIVE when the agent has ceased all utilization reviews in Indiana.
2	98-19	**UTILIZATION REVIEW & MEDICAL CLAIMS REVIEW FILES** Pursuant to IC 27-8-17-6, health care "utilization review" means a system for prospective, concurrent, or retrospective review of the medical necessity and appropriateness of health care services provided or proposed to be provided to a covered individual. A utilization review agent must submit an application and application fee to the Department of Insurance in order to be issued a certificate of registration (IC 27-8-17-9). A claim review agent has comparable approval procedures (IC 27-8-16-5.2). "Medical Claims review" means the determination of the reimbursement to be provided under the terms of an insurance policy, a health maintenance organization contract, or another benefit program providing payment, reimbursement, or indemnification for health care costs based on the appropriateness of health care services or the amount charged for a health care service delivered to an enrollee. Disclosure of these records may be subject to IC 27-8-17-18 and IC 27-8-16-13.	TRANSFER to the RECORDS CENTER one (1) year after the agent is inactive and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges. DESTROY after an additional two (2) years in the RECORDS CENTER. TOTAL RETENTION: Three (3) years after the agent is inactive and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges.

Approved by the Indiana Oversight Committee on Public Records