



# RECORDS RETENTION AND DISPOSITION SCHEDULE

## Family And Social Services Administration. Medicaid Policy And Planning.

Agency: Medicaid Policy And Planning		Division:	
ITEM NO.	RECORD SERIES	TITLE/DESCRIPTION (This Retention Schedule is approved on a space-available basis)	RETENTION PERIOD
1	87-507	<b>PROGRAM INTEGRITY</b> The OMPP Program Integrity's role is to identify potential fraud, waste and abuse, and investigate providers identified as potentially abusing services that are reimbursed by the Indiana Health Coverage Programs. The files may contain credible allegations of fraud documents, data algorithms, audit documents, medical records, overpayment recovery documents, prepayment review supporting documents, billing adjustments, and other supporting documents. Retention consistent with IC 34-13-1-1. Disclosure of these records may be affected by IC 12-15-27-1.	IMAGE according to IARA standards upon receipt. DESTROY hard copy after verification of imaged files for completeness and legibility. DELETE electronic files after ten (10) years and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges.
2	89-68	<b>MEDICAID CHECKS</b> File consists of cancelled checks issued by fiscal contractors for payment of medical claims. Retention partially based on IC 34-13-1-1. Disclosure of these records may be affected by IC 12-15-27-1.	TRANSFER to the RECORDS CENTER at the end of the state fiscal year and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges. DESTROY in the RECORDS CENTER after an additional ten (10) years.
3	2002-19	<b>INDIANA PRESCRIPTION DRUG PROGRAM</b> Established pursuant to IC 12-10-16-3 and paid from the account established under IC 4-12-8-1, this program may also be referred to as the "HoosierRx Program." A typical file may contain the application for enrollment and personal financial information used to determine or appeal eligibility for the program. Applications are arranged alphabetically by last name, first name, middle initial. Basic Accounting Records for the program are maintained in the Financial Management Division of the Family and Social Services Administration. Disclosure of these records may be affected by IC 5-14-3-4(a)(1).	IMAGE according to IARA standards upon receipt. DESTROY hard copy after verification of imaged files for completeness and legibility. DELETE electronic files after five (5) years and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges.
4	2005-30	<b>PRIOR AUTHORIZATION REQUESTS FOR MEDICAID - GENERAL FILES</b> Prior Authorization Requests which can include supporting medical record documentation. These files are requests for services including home health, oxygen, hospital beds, wheelchairs, certain surgeries, and other services which require prior authorization.	DESTROY three (3) years after date of last decision.
5	2005-31	<b>PRIOR AUTHORIZATION REQUESTS FOR MEDICAID - APPEALS &amp; LEGAL FILES</b> Prior Authorization Requests and medical documentation that pertains to an appeal or a request that has been sent to an Administrative Law Judge. Retention based on 45 CFR 75.361.	DESTROY five (5) years after date of last decision, or resolution of all legal issues, whichever is later.
6	81-1164	<b>ACTIVE FILES ON PERSONS RECEIVING IN-PATIENT PSYCH CARE AND ON PERSONS RESIDING IN INTER</b> Files contain case records primarily but not limited to aged, blind and disabled persons applying for or receiving federally and state funded Medical Assistance (MA). Those files are used to determine eligibility for reimbursement while the individual is receiving in-patient psychiatric care in a state operated facility licensed under current federal guidelines. Program records are required by 42 CFR 433.32(a). Disclosure of these records may be affected by IC 12-15-27-1. Retention based on 42 CFR 433.32.	RETAIN records on denials only. DESTROY three (3) years after submitted unless litigation or audit is in progress.

7	83-14	<b>STATE PLAN MATERIAL - MEDICAID</b> Record consists of amendments to and superseded pages of the Medicaid State Plan, which sets out how the Indiana Medicaid program is operated, who is served, and the types of services provided. The State-s claim of Federal medical assistance matching funds is based on these records.	RETAIN records permanently in agency, in case of audit and for office use. Do Not Destroy.
8	83-33	<b>MEDICAID BIDS</b> Record contains Requests for Proposals (RFP) and proposals that are submitted to this Division by companies desiring to obtain the contracts for the Medicaid program. Contracts are renewed once every three (3) years. Retention based on IC 34-13-1-1.	IMAGE according to IARA standards upon receipt. DESTROY hard copy after verification of imaged files for completeness and legibility. DELETE electronic files ten (10) years after the end of the expiration of the contract and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges.
9	83-42	<b>MEDICAID AUDIT REPORTS</b> File consists of the Medicaid audit performed by an outside independent audit agency. Retention based on 42 CFR 433.32.	IMAGE according to IARA standards upon receipt. DESTROY hard copy after verification of imaged files for completeness and legibility. DELETE electronic files after three (3) years and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges.
10	83-43	<b>COMMON AUDIT REPORT</b> The Medicaid audit performed by the current fiscal agent. Retention based on 42 CFR 433.32.	IMAGE according to IARA standards upon receipt. DESTROY hard copy after verification of imaged files for completeness and legibility. DELETE electronic files after three (3) years and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges.
11	83-767	<b>PAID MEDICAID CLAIMS</b> A claim is submitted by a Medicaid provider, such as a physician, dentist, optometrist, nursing home or hospital requesting payment for services rendered. Claims are paid by the Office of Medicaid Policy and Planning-s contracted Health Insuring Organization (HIO). Retention based on IC 34-13-1-1.	IMAGE according to IARA standards on receipt. DESTROY hard copy after verification of imaged files for completeness and legibility. DELETE electronic files after ten (10) years and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges.
12	87-197	<b>CPAS (CLAIMS PROCESSING ASSESSMENT SYSTEM) REVIEWS</b> As the state agency for the Medicaid program, the Division of Family Resources may review claims processed by the Health Insuring Organization. Any errors in payment or processing must be identified and corrective recommendations made. Documentation is assembled and a report prepared for each claim reviewed. Retention based on 42 CFR 431.800, and 42 CFR 433.32.	DESTROY three (3) years after the date of submission of the final report, unless litigation or a federal audit is in progress, and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges.
13	87-508	<b>THIRD PARTY LIABILITY (T.P.L.)</b> The insurer must pay the state Medicaid agency (Office of Medicaid Policy and Planning) for medical bills incurred by a Medicaid recipient. These could be health or casualty payments for Medicaid expenditures or actual payment of provider claims which is cost avoidance. The Office of Medicaid Policy has performed function and Planning, which now monitors the Medicaid contractor-s records. A case is closed when all outstanding claims have been paid or if no third party resources are available. A file could typically contain a Chronological Record, fiscal data, memos, copies of checks, Release of Lien for Medical Assistance, and Medicaid Pay History Analysis. Retention based on IC 34-13-1-1 and IC 34-13-1-2.	TRANSFER to the RECORDS CENTER one (1) year after closure of the case and after receipt of STATE BOARD OF ACCOUNT Audit Report and satisfaction of unsettled charges. DESTROY after an additional nine (9) years in the RECORDS CENTER.

14	90-76	<b>LONG TERM CARE INFORMATION SYSTEM</b> Aggregate cost analysis of Long Term Care services and facilities in Indiana. Updated quarterly by the rate setting contractor, pursuant to their contract. Statistical data is both provider-specific and aggregate in nature, and may include total revenues, expenses, staffing costs, hours, recap of patient expenses and extensive other fiscal information. Retention based on IC 34-13-1-1.	IMAGE according to IARA standards upon receipt. DESTROY hard copy after verification of imaged files for completeness and legibility. DELETE electronic files after ten (10) years.
15	2017-07	<b>ESTATE RECOVERY FILES</b> Upon a Medicaid beneficiary's decease, the state is required to seek recovery of Medicaid payments for certain Medicaid members paid on their behalf. Files include correspondence, billing and other supporting documents. Disclosure of these records may be affected by IC 12-15-27-1. Retention based on IC 34-13-1-1.	IMAGE according to IARA standards upon receipt. DESTROY hard copy after verification of imaged files for completeness and legibility. DELETE electronic files after ten (10) years and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges.
16	2020-05	<b>PROVIDER ENROLLMENT</b> Initial and periodic screening process to validate that prospective and current Medicaid providers are compliant with State and Federal rules, regulations and conditions of participation. May contain personal, financial and other supporting compliance information of individual practitioners and/or business owners, in addition to signed applications and contractual provider agreements. Disclosure of these records may be affected by IC 12-15-2.7-1. Retention consistent with IC 34-13-1-1.	IMAGE according to IARA standards upon receipt. DESTROY hard copy after verification of imaged files for completeness and legibility. DELETE electronic files after ten (10) years.