



DEPARTMENT OF EDUCATION  
 Division of Libraries, Archives and Museums  
 Archives and Records Management Services  
 141 Willoughby Avenue  
 Juneau, AK 99801-1720  
 465-2276/2317; [Voice]; 465-2465 [Fax]

STATE OF ALASKA

Schedule Number: 64902

Agency ID #: 185

RECORDS RETENTION SCHEDULE

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<p>DEPARTMENT OF HEALTH &amp; SOCIAL SERVICES</p> <p>DIVISION OF MEDICAL ASSISTANCE <i>Health Care</i></p> <p>OPERATIONS &amp; MEDICAL REVIEW</p> <p><i>RECEIVED</i>  <i>Health Care</i>  <i>Succ.</i>  <i>OCT 19 1999</i>  <i>DIV. OF MEDICAL ASSISTANCE</i>  <i>ANCHORAGE AK</i></p>	<p>KEY</p> <p><b>A</b> - After Audit      <b>Numerals</b> - Years in Addition to current year</p> <p><b>CFY</b> - Current Fiscal Year      <b>TO</b> - Term of Office</p> <p><b>CY</b> - Current Year      <b>M</b> - After Microfilming</p> <p><b>P</b> - Permanent      <b>C</b> - Current/or as defined</p>
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The Agency will follow retention periods of records listed in the State of Alaska General Administrative Records Schedule #100; therefore those records have not been repeated on this schedule.

Unless otherwise noted all records are retained on **Fiscal** year basis.

All records have potential permanent legal and historical value and may be reviewed by the State Archivist for possible retention in the Alaska State Archives in accordance with AS 40.21.030.

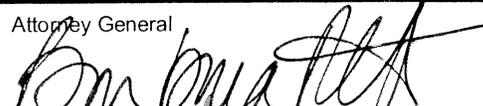
Unless otherwise noted all records series are confidential per AS 47.05.030. Per 7 AAC 43.030 providers are required to retain all fiscal, patient care and related records for three years following the year in which services were provided.

Statutory Authority: AS 47.07.010-080 [Medicaid]; AS 47.25.120 [General Relief Medical]; AS 47.08 [Catastrophic Illness]; 7 AAC 43 [Medicaid]; 7 AAC 47 [General Relief Medical]; Title XVIII [Medicare]; Title XIX [Social Security Act]; 42 CFR Part 400 to End.

The goal of the Division of Medical Assistance is to enable needy Alaskans access to the same broad range of medical care through the same network of medical providers servicing the general population, and to conduct medical surveillance which assures that medical services provided are appropriate and of proper amount, duration and scope for the illness involved.

This records schedule supercedes #064901.

Pursuant to the provisions of AS 40.21, the records listed below are approved for retention and disposition as indicated.

Division Director  <b>Bob Labbe</b>	State Archivist  	Date 10/16/99	Attorney General  	Date 11/2/99	
Signature of Division Director  	Date 7/27/99	Records Analyst  D. Dawson	Date 6/30/99	Commissioner of Administration  	Date 11/15/99

Item No.	Records Series Title and Description	Retention		Disposition			Remarks
		Office	Records Center	State Archives	Destroy	Vital Record	
1	<p><b>GENERAL ADMINISTRATIVE RECORDS:</b></p> <p>Includes provider, recipient and miscellaneous correspondence dealing with medical approvals and denials, policy, procedures &amp; research; and, the following types of files: accounting/fiscal, reading, policies/procedures, annual reports, legal, agency history, minutes/meeting, budget, grants, procurement, personnel, travel, etc.</p> <p>Operations and Medical Review staff will follow retention periods as listed in the General Administrative Records Retention Schedule.</p>						<p>Documents maintained only in electronic format must meet the same retention requirements as hardcopy documents.</p> <p>All duplicate copies maintained on any media may be destroyed as soon as administrative/management need is met.</p> <p>The General Schedule may be downloaded from the Archives &amp; Records homepage.</p>
2	<p><b>ADMINISTRATION</b> <b>Check Log File (Electronic):</b></p> <p>(Hard Copy):</p> <p>This series consists of information on checks received from:</p> <p>1) Drug companies, manufacturers, pharmaceuticals, laboratories, etc., for drug rebates;</p> <p>2) Insurance companies for third party liability reimbursements;</p> <p>3) Third Party Liability (TPL) contractor for TPL recoveries;</p> <p>4) Medicaid providers for overpayment of claims/reimbursements regarding legal settlements.</p>	C  7	-  -	-  -	C  7		<p>C=Until a page is completed, at which point a hard copy is made for the paper-based file and the electronic version is deleted.</p> <p>Non-confidential. Arranged by date received.</p>
3	<p><b>ACCOUNTING</b> <b>AKSAS Documents:</b></p> <p>This series consists of the Financial Transaction Register (FTP), Medical Assistance warrants and journal entry transactions. These documents are not centrally archived with the Division of Finance and are arranged by transaction code.</p>	1	5	-	6		

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Item No.	Records Series Title and Description	Retention		Disposition			Remarks
		Office	Records Center	State Archives	Destroy	Vital Record	
4	<p><b>MEDICAL REVIEW</b>  <b>Alien Eligibility/Hospitalization:</b></p> <p>This series consists of hospitalization requests, authorization and patient records for emergency treatment for illegal aliens. Arranged alphabetically by patient name.</p>	2	2	-	4		
5	<p><b>MEDICAL REVIEW</b>  <b>Out-of-State Travel:</b></p> <p>This series consists of out-of-state travel authorization forms prepared for the contracted fiscal agent informing them of the need to authorize out-of-state travel for Medicaid recipients. Arranged alphabetically by name.</p>	3	3	-	6		
6	<p><b>PHARMACY PROGRAM</b>  <b>Drug Rebate Remittance Advice:</b></p> <p>Payment advice from drug manufacturers. Arranged by drug rebate invoice number.</p>	2	4	-	6		Nonconfidential.

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**Disposition**

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7	<p><b>PHARMACY PROGRAM DUR Letter Interventions:</b></p> <p>Recipient medical records for which letters are sent to providers. Each letter is assigned a number; series is arranged numerically.</p>	2	4	-	6		<p>Non-confidential.</p> <p>DUR: Drug Utilization Review.</p>
8	<p><b>SURS Case Files:</b></p> <p>Inactive case files for SURS/DMA provider and recipient reviews. Arranged by Medicaid identification number and date of review (range).</p>	3	4	-	7		<p>SURS: Surveillance &amp; Utilization Review Subsystem.</p> <p>There is a high possibility of audit, administrative fair hearing and civil/criminal litigation for these files.</p>
9	<p><b>SURS REOMB's &amp; Provider/Recipient Complaints:</b></p> <p>This series consists of information received from recipients and providers alleging Medicaid abuse/overuse and/or other problems. Arranged by REOMB's date of letter response; complaints by provider/recipient ID number.</p>	2	5	-	7		<p>REOMB: Recipient Explanation of Medicaid Benefits.</p> <p>There is a high possibility of audit, administrative fair hearing and civil/criminal litigation for these files.</p>

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10	<p><b>SURS Projects:</b></p> <p>This series consists of projects, including data and reports, performed by the SURS Unit relating to Medicaid utilization. Arranged alphabetically by topic.</p>	2	5	-	7		
11	<p><b>SURS Patient Records:</b></p> <p>This series consists of copies of doctor's original patient records used by SURS when performing a case review. Arranged by provider ID number and thereunder alphabetically by patient name.</p>	2	5	-	7		<p>There is a high possibility of use in administrative fair hearing and civil/criminal litigation for these files.</p> <p>This information is not duplicated on SURS.</p>
12	<p><b>THIRD PARTY LIABILITY Case Files (Closed/Paid):</b></p> <p>This records series documents medicaid recipients with other sources of medical coverage. There are two categories: TPR (3d party resources) and TPL (3d party liability). Includes correspondence and collection records. Arranged alphabetically by name of party.</p>	1	4	-	5		

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13	<b>THIRD PARTY LIABILITY Case Files (Closed/No Payment):</b>  Includes correspondence and documentation of any collection effort. Arranged alphabetically by name of party.	1	5	-	6		
14	<b>THIRD PARTY LIABILITY Case Inquiries (Negative Response):</b>  Division followup to client services requesting information on third party coverage. Arranged numerically.	1	-	-	1		
15	<b>THIRD PARTY LIABILITY Case Files (Closed/No Action):</b>  Includes correspondence on closed cases with no action taken. Arranged alphabetically by party.	1	-	-	1		

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Item No.	Records Series Title and Description	Retention		Disposition			Remarks
		Office	Records Center	State Archives	Destroy	Vital Record	
16	<b>THIRD PARTY LIABILITY Supplemental Medical Insurance Reports:</b>  Medicare Part-B buy-in is the medical portion of Social Security that the State pays for eligible Medicaid recipients. Arranged by report number.	1	2	-	3		
17	<b>CONTRACTOR MMIS Test Runs:</b>  These reports are the hard copy of the test run to insure the system functions as planned. Includes report documentation and procurement files. Arranged numerically by report.	C	-	-	C		C=Until administrative/management need is met.  MMIS: Medicaid Management Information System  The MMIS is certified by the federal government. 42 CFR 433.32(b) requires a three year retention after the end of the contract. Contract terminated 6/30/96.
18	<b>Medicaid Management Information System (MMIS):</b>  The MMIS is the federally certified automated claims processing system for all State of Alaska Medicaid claims. Includes edits, codes, etc. and transactional information for all bills paid. The Management & Administrative Reporting subsystem produces standard expenditure data. A series of monthly reports show summary activity and expenditure information by categories of assistance and service.	C	-	-	C	X	C=Until obsolete, superceded or administrative/management need is met.  The MMIS was established in 1987. Subsystems of MMIS include STARS (Services Tracking, Analysis & Reporting System; and, SURS (Surveillance & Utilization Review).

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		Office	Records Center	State Archives	Destroy	Vital Record	
19	<p><b>CONTRACTOR Operations Microfilm (Workcopy):</b></p> <p>This microfilm contains all claims from all Medicaid providers for payment of services provided. The microfilm is provided to the Division by the fiscal agent as part of its contract with the State. Arranged numerically.</p>	C+3	5	-	C+8	X	<p>C=Until contract ends. 42 CFR 433.32(b) requires a three year retention after the end of the contract. The fiscal agent destroys the original records after the film is certified "true and correct."</p> <p>Annual accrual rate is less than .5 cubic foot.</p>
20	<p><b>Medical Records:</b></p> <p>Various medical records including Member Complaint &amp; Grievance, Member Exemption, Provider Agreements, Provider Complaint &amp; Grievance, Provider Plan of Correction, Provider Dis-enrollment, Quality Monitoring Assessment.</p>	4	3	-	7		