



RECORDS RETENTION AND DISPOSITION SCHEDULE
 SPECIFIC SCHEDULE NO. 602-018
 DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 PROGRAM INTEGRITY

The schedule on the attached page(s) is approved with agreement to follow the records retention and disposition policies listed below:

AGENCY APPROVALSTATE APPROVAL

AGENCY HEAD OR DEPUTY

STATE RECORDS ADMINISTRATOR

AGENCY RECORDS OFFICER

COMPTROLLER OR DEPUTY

EFFECTIVE SCHEDULE DATE APRIL 9, 2008

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POLICIES FOR RECORDS RETENTION AND DISPOSITION

1. This schedule is continuing authority under the provisions of the Virginia Public Records Act, §§ 42.1-76, et seq. of the *Code of Virginia* for the retention and disposition of the records as stated on the attached page(s).
2. This schedule supersedes previously approved applicable schedules.
3. This schedule is used in conjunction with the *Certificate of Records Disposal* (Form RM-3). A signed RM-3 must be approved by the designated records officer and on file in the agency or locality before records can be destroyed. After the records are destroyed, the original signed RM-3 must be sent to Library of Virginia (LVA).
4. Any records created prior to 1913 must be offered, in writing, to the LVA before applying these disposition instructions. Offered records can be destroyed 60 days after date of the offer if no response is received from the LVA. A copy of the offer must be attached to the RM-3 form when it is submitted to the LVA.
5. All known audits and audit discrepancies regarding the listed records must be settled before the records can be destroyed.
6. All known investigations or court cases involving the listed records must be resolved before the records can be destroyed. Knowledge of subpoenas, investigations or litigation that reasonably may involve the listed records suspends any disposal or reformatting processes until all issues are resolved.
7. The retentions and dispositions listed on the attached page(s) apply regardless of physical format, i.e., paper, microfilm, electronic storage, optical imaging, etc. Unless prohibited by law, records may be reformatted at agency or locality discretion. Microfilming must be done in accordance with §§ 17VAC15-20-10, et seq. of the *Virginia Administrative Code*, "Standards for the Microfilming of Public Records for Archival Retention." All records must be accessible throughout their retention period in analog or digital format. Whether the required preservation is through prolongation of appropriate hardware and/or software, reformatting or migration, it is the obligation of the agency or locality to do so.
8. Custodians of records must insure that information in confidential or privacy protected records is protected from unauthorized disclosure through the ultimate destruction of the information. Normally, destruction of confidential or privacy-protected records will be done by shredding or pulping. "Deletion" of confidential or privacy-protected information in computer files or other electronic storage media is not acceptable. Electronic records must be "wiped" clean or the storage media physically destroyed.
9. Under the *Virginia Public Records Act*, (§ 42.1-79) the Library of Virginia is the official custodian and trustee of all state agency records transferred to the Archives, Library of Virginia. The Library may purge select records in accordance with professional archival practices in order to ensure efficient access.
10. Unless otherwise directed, files are closed out at the end of each calendar or fiscal year as appropriate. Retention periods start at that time.



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RECORDS SERIES AND DESCRIPTION

SERIES NUMBER

SCHEDULED RETENTION AND DISPOSITION

This schedule replaces 602-003 dated January 4, 1988 and 602-018 dated June 9, 2006.

Prior Authorization Unit

Contract Monitors Audit Documents

009559

This series consists of reviews of the deliverables of contract and prior authorization records for compliance with contract requirements.

Retain 5 years after completion of review, or until audit, whichever is longer, then destroy in compliance with No. 8 on the schedule cover page.

Hospital Utilization Review and Diagnosis Related Group (DRG) Audits

009560

This series consists of hospital post-service records used by DMAS employees to perform Utilization Review and DRG audits. This series may include, but is not limited to: copies of medical records, Utilization Review worksheets, DMAS staff review notes, and correspondence.

Retain 6 years after review is completed then destroy in compliance with No. 8 on the schedule cover page.

Mental Health – Utilization Review

009561

This series consists of post-service records of mental health care provided by agencies that are used by DMAS employees to perform Utilization Review audits. This series may include, but is not limited to: copies of therapy sessions, progress notes, DMAS staff review notes, Utilization Review worksheets, and correspondence.

Retain 6 years after review is completed then destroy in compliance with No. 8 on the schedule cover page.



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Provider Review UnitCases with Over Payments less than \$1000

009562

Retain 5 years after case closure then destroy in compliance with No. 8 on the schedule cover page.

This series consists of case investigations where an overpayment by DMAS of less than \$1000 was made. This series may include, but is not limited to: documentation from providers related to reconsiderations and appeals, claims histories, correspondence, VAMMIS (Virginia Medicaid Management Information System) screen prints of provider information, memos, telephone conversation forms, and case summaries.

Cases with Over Payments of \$1000 or more (Full Scale Review)

009563

Retain 5 years after case closure then destroy in compliance with No. 8 on the schedule cover page.

This series consists of case investigations where an overpayment by DMAS of \$1000 or more was made. Series may include, but is not limited to: documentation from providers related to reconsiderations and appeals, claims histories, correspondence, VAMMIS screen prints of provider information, memos, telephone conversation forms, overpayment lists, and case summaries.

Closed Explanation of Medical Benefits (EOMB)

009564

Purge closed case files at the end of each quarter then destroy in compliance with No. 8 on the schedule cover page. Disposal reporting on *Certificate of Records Destruction* (RM-3 form) not required.

This series consists of EOMBs returned by Medicaid recipients as well as research done to verify services billed were correct. This series may include, but is not limited to: correspondence and/or telephone conversation forms.



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<p><u>Contractor Provider Audit Reports</u></p> <p>This series consists of audits of providers by contractors to establish no fraud or abuse of Medicaid services has taken place. The provider desk and field review reports may include, but are not limited to: claims histories, VAMMIS screen prints of provider and recipient information, correspondence, memos, overpayment letters, overpayment lists, recipient medical records, and documentation from providers related to reconsiderations and appeals.</p>	009565	Retain 6 years after audit completion then destroy in compliance with No. 8 on the schedule cover page.
<p><u>Educational Contacts</u></p> <p>This series consists of case investigations where service abuse or payment inaccuracies were not proven but may result in a warning letter to the provider. This series may include, but is not limited to: claims histories, VAMMIS screen prints of provider information, correspondence, memos, and telephone conversation forms.</p>	009566	Retain 5 years after case closure then destroy in compliance with No. 8 on the schedule cover page.
<p><u>No Findings Cases</u></p> <p>This series consists of case investigations that result in no service abuse or payment inaccuracies findings. This series may include, but is not limited to: claims histories, VAMMIS screen prints of provider information, correspondence, memos, and telephone conversation forms.</p>	009567	Retain 1 year after case closure then destroy in compliance with No. 8 on the schedule cover page.
<p><u>Payment Accuracy Measurement (PAM) – Annual Report</u></p> <p>This series consists of reports required by Centers for Medicare and Medicaid Services (CMS) to review financial and medical information for payment accuracy to Medicaid claims providers.</p>	009270	If federal audit has unresolved findings, transfer to series 009272, "PAM - Audited with Unresolved Findings." If audit is passed, retain for 5 years after submission of report, then destroy in compliance with No. 8 on schedule cover page.



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<p><u>Payment Accuracy Measurement (PAM) — Annual Report Sample Documentation</u></p> <p>This series consists of official financial and medical documentation used to compile the annual report. This series includes but is not limited to: long-term care, physician, pharmacy, laboratory, waivers, hospital, and durable medical equipment services billed to Virginia Medicaid.</p>	009271	<p>If federal audit has unresolved findings, transfer report documentation to series 009272, "PAM - Audited with Unresolved Findings" with Annual Report. If audit is passed, retain for 5 years after submission of report, then destroy in compliance with No. 8 on schedule cover page.</p>
<p><u>Payment Accuracy Measurement (PAM) – Audited with Unresolved Findings</u></p> <p>This series consists of the Annual Report, Sample Documentation, and the Federal Government's audit report. This series includes but is not limited to: explanation of findings by DMAS, correspondence, and final notice of all findings resolved.</p>	009272	<p>Retain for 5 years after resolution of all findings then destroy in compliance with No. 8 on schedule cover page.</p>
<p><u>Pay Error Rate Measurement (PERM) – Annual Report</u></p> <p>This series consists of reports required by Centers for Medicare and Medicaid Services (CMS) to review claim documents to report errors for underpayment, overpayment, and/or for ineligible individuals/services. Also includes explanation of errors and steps taken to resolve these errors and to reduce improper payments.</p>	009273	<p>If federal audit has unresolved findings, transfer to series 009275, "PERM - Audited with Unresolved Findings." If audit is passed, retain for 5 years after submission of report, then destroy in compliance with No. 8 on schedule cover page.</p>
<p><u>Pay Error Rate Measurement (PERM) – Annual Report Sample Documentation</u></p> <p>This series consists of the official records used to compile the Annual Report. This series includes but is not limited to: eligibility case records, review materials, working papers, statistical data, and all other documentation needed to support the State's Medicaid and SCHIP error rates.</p>	009274	<p>If federal audit has unresolved findings, transfer report documentation to series 009275, "PERM -Audited with Unresolved Findings" with Annual Report. If audit is passed, retain for 5 years after submission of report, then destroy in compliance with No. 8 on schedule cover page.</p>



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<p><u>Pay Error Rate Measurement (PERM) – Audited with Unresolved Findings</u></p> <p>This series consists of the Annual Report, sample documentation, and the Federal government's audit report. Includes but is not limited to DMAS' explanation of findings, correspondence, and final notice of all findings resolved.</p>	009275	Retain for 5 years after resolution of all findings then destroy in compliance with No. 8 on schedule cover page.
<p><u>Recipient Medical Records – No Abuse and/or Closed Educational Cases</u></p> <p>This series consists of copies of medical records from provider offices used to investigate cases of service abuse or payment inaccuracies when no abuse is found. This series may include, but is not limited to: progress notes, hospital charts, laboratory and x-ray reports, flow charts of services, emergency room records, and surgical reports.</p>	009568	Retain 30 days after case closure then destroy in compliance with No. 8 on the schedule cover page. Disposal reporting on <i>Certificate of Records Destruction</i> (RM-3 form) not required.
<p><u>Recipient Medical Records – Overpayment Cases</u></p> <p>This series consists of copies of medical records from provider offices used to investigate cases of service abuse or payment inaccuracies when overpayment is discovered. This series may include, but is not limited to: progress notes, hospital charts, laboratory and x-ray reports, flow charts of services, emergency room records, and surgical reports.</p>	009569	Retain 90 days after appeal rights are exhausted then destroy in compliance with No. 8 on the schedule cover page. Disposal reporting on <i>Certificate of Records Destruction</i> (RM-3 form) not required.



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<p>Recipient Audit Unit</p> <p><u>Closed/Non-Restitution Investigative Files</u> This series consists of closed cases investigating recipient fraud investigations of Medicaid/FAMIS (Family Access to Medical Insurance Security) and the SLH (State & Local Hospitalization) Program. Cases are closed when: fraud is not proven; or, fraud is proven, a schedule for restitution is instituted, and either restitution has been fully received or the overpayment is deemed uncollectable.</p>	006154	Retain 5 years after case closure then destroy in compliance with No. 8 on the schedule cover page.
<p><u>Recipient Audit Active Investigative Files – No Findings</u> This series consists of records created to document active recipient fraud investigations of Medicaid/FAMIS and the SLH Program where no fraud was proven. This series may include, but is not limited to: Recipient Audit Unit investigative, eligibility, criminal, and administrative records, as well as correspondence and medical service claims.</p>	009570	Retain 90 days after active case closure then transfer to Closed/Non-Restitution Investigative Files, 006154.
<p><u>Recipient Audit Active Investigative Files – Finding of Fraud</u> This series consists of records created to document active recipient fraud investigations of Medicaid/FAMIS and the SLH Program where fraud was proven. This series may include, but is not limited to: Recipient Audit Unit investigative, eligibility, criminal, and administrative records, as well as correspondence and medical service claims.</p>	009571	Retain 90 days after finding of fraud then transfer to Recipient Audit Restitution Investigative Files, 009572.


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<p><u>Recipient Audit Restitution Investigative Files</u></p> <p>This series consists of records created during recipient fraud investigations of Medicaid/FAMIS and the SLH Program where fraud is proven and a schedule for restitution is in place. This series may include, but is not limited to: Recipient Audit Unit investigative, eligibility, criminal, and administrative records, as well as correspondence, medical service claims, and restitution schedules.</p>	009572	Retain until DMAS Financial Management Division provides evidence of full restitution or inability to collect then transfer to Closed/Non-Restitution Investigative Files, 006154.
<p>Recipient Monitoring Unit</p> <p><u>Full Scale Review</u></p> <p>This series consists of records created for recipients enrolled in the Client Medical Management Program, a utilization control program designed to prevent abuse and promote improved cost efficient medical management. This series may include, but is not limited to: summary of contacts, Enrollee Demographic Inquiry screen prints, Managed Care Assignment Inquiry screen prints, Review of Medical Services form, Integrity Review (IR) Case Assignment sheet, Surveillance & Utilization Review Report (SURS), and correspondence.</p>	015014	Retain 3 years after case is closed then destroy in compliance with No. 8 on the schedule cover page.
<p><u>Full Scale Review – Inactive Materials</u></p> <p>This series consists of inactive materials removed from “Full Scale Review”, series 015014, for the prior 36 month review period. This series may include, but is not limited to: Enrollee Demographic Inquiry screen prints, Managed Care Assignment Inquiry screen prints, Review of Medical Services form, Integrity Review (IR) Case Assignment sheet, and correspondence.</p>	009573	Retain 3 years after the end of the 36-month review period then destroy in compliance with No. 8 on the schedule cover page.



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<p><u>Integrity Reviews</u> This series consists of records used to review Medicaid recipient utilization patterns to identify abuse and fraud. This series may include, but is not limited to: summary of contacts, Enrollee Demographic Inquiry screen prints, Managed Care Assignment Inquiry screen prints, Review of Medical Services form, Integrity Review (IR) Case Assignment sheet, Surveillance & Utilization Review Report (SURS), and correspondence.</p>	015012	Retain 3 years after case is closed then destroy in compliance with No. 8 on the schedule cover page.