

Division of Medicaid

Division	Schedule #	Title	Description	Disposition
Accounting and Finance	1464	Correspondence	This series consists of correspondence. Included are letters and memos.	Hold in the current files area three (3) years; transfer to SRC and hold two (2) years; then destroy.
Accounting and Finance	1465	Federal Reports	Documents relating to reports to federal government. Included are statistical information on fiscal year basis, budget estimates to show request, money spent per recipient, per category of service and amount of expenditures. This series is cut off at the end of the fiscal year.	Hold in the current files area two (2) years; transfer to SRC and hold two (2) years; then destroy. Audit must have been released three (3) years.
Accounting and Finance	1466	Fiscal Printouts	Documents relating to printout from fiscal agent. Included is statistical information showing money spent per category of service, per recipient, and per expenditure item. This series is cut off at the end of the fiscal year.	Hold in the current files area one (1) year; transfer to SRC and hold four (4) years; then destroy. Audit must have been released three (3) years.
Administration Appeals	5573	State Hearings	This series consists of documents relating to recipient requests for a state hearing concerning decisions made on their case record (closure or denial) or with their application for Medicaid. Includes written request for hearing, summary of case record, notice of action, medical information, budget forms, and resource forms.	Hold paper and electronic records two (2) years; then dispose.

Division of Medicaid

All	5529	Bureau Director's Correspondence	These files contain business correspondence belonging to the Bureau Director.	Hold in current files area three (3) years. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then delete.
Compliance and Financial Review	4347	Potential Group Provider Files	This series consists of files related to Non-emergency Transportation (NET) Potential Group Providers. Included are copies of insurance policies, correspondence, e-mail, printouts, memos, and other related files.	Hold in the current files area two (2) years; transfer to SRC; hold three (3) years, then dispose. Audit must have been released three years.
Financial and Performance Audit	5541	Long-Term Care Facility Cost Reports	This series consists of cost reports of long term care facilities (psychiatric resident facilities, intermediate care facilities for mental retardation (ICF-MR), and nursing facilities). Included are desk reviews, adjustment reports, sign off sheets, rate sheets, amended cost reports, fixed assets forms, balance sheets, and working trail balance forms.	Hold files one (1) year. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then delete.
Financial and Performance Audit	5542	Long-Term Care Facility Audit Reports	This series consists of files related to the audit of cost reports of long-term care facilities. Included are desk reviews, adjustment reports, sign-off sheets, rate sheets, amended cost reports, fixed assets forms, balance sheets, and working trial balance forms.	Hold files one (1) year. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then delete.

Division of Medicaid

Financial and Performance Audit	5543	Federally Qualified Health Center Field Audits	This series consists of files related to field audits of federally qualified health centers. Included are insurance worksheets, copies of memos and insurance policies, workers compensation forms, workers comp allocation worksheets, consultant cost worksheets, desk reviews and other related files.	Hold files one (1) year. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then delete.
Financial and Performance Audit	5545	Eligibility Desk Reviews	This series consists of files related to the eligibility desk reviews, which indicates the Department of Human Services' cost for determining the eligibility of Medicaid applicants. Included are billing invoices, quarterly accounting reports and lists of approved beneficiaries.	Hold paper files until the correction/acceptance letter is forwarded, indicating the conclusion of the Medicaid internal audit. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain five (5) years; then dispose.

Division of Medicaid

Financial and Performance Audit	5546	Long Term Care Facility Residential Funds Audits	<p>This series consists of files related to audits of long-term care facilities psychiatric resident facilities (PRTF), intermediate care mental retardation facilities (ICF-MR), and nursing facilities. Included are correspondence, supervisor/work paper review notes, residential fund review notes, checklists, residential fund general policies and procedures, residential fund surety bond Information, admission acknowledgement and authorization related to the rights of residents, distribution of funds upon discharge/death of resident forms, trust fund inquiry forms, copies of check stubs, residential fund reconciliation forms, analyses, quarterly statements, and summaries exceptions.</p>	<p>Hold paper files until the correction/acceptance letter is forwarded, indicating the conclusion of the Medicaid internal audit. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then dispose.</p>
Financial and Performance Audit	5547	Rehabilitation Services Monthly Billing Files	<p>This series consists of files related to billings from Department of Rehabilitation Services (DRS) to the Division of Medicaid, Bureau of Performance and Financial Review. The billings are related to DRS determining the eligibility of Medicaid applicants. Included are disability determination transmittals, invoices, memos, and lists of approvals and denials.</p>	<p>After the conclusion of the desk review, image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain five (5) years; then delete.</p>

Division of Medicaid

Financial and Performance Audit	5548	Non-Emergency Transportation Program Files	<p>This series consists of files related to contracts for non-emergency transportation services. The Division of Medicaid compensates LogistiCare on a monthly basis based on the number of eligible beneficiaries and a per member per monthly rate. Included are contracts, eligibility count printouts, and billing documents.</p>	<p>Image and verify paper files. Once verified, dispose of paper. Hold electronic records five (5) years after payment. Audit must have been released three (3) years prior to disposal.</p>
Long Term Care Services	5080	Death Files	<p>This series consists of files related to the Long Term Care Services, Home and Community-Based Services waiver programs operated through the Division of Medicaid. The waiver programs are for the Elderly and Disabled, Independent Living, Mentally Retarded/Developmentally Disabled, Assisted Living and Traumatic Brain Injury or Spinal Cord Injury Individuals. Included are applications (Form 260), notices of actions, plan of care (Form HCBS 301), Assessment forms (HCBS 305), HCBS 105 form, photos, and</p>	<p>Hold in the current files area one (1) year; transfer to SRC; hold six (6) years, then dispose.</p>

Division of Medicaid

Long Term Care Services	5081	Discharge Files	<p>This series consists of discharge files of the Long Term Care Services, Home and Community-Based Services waiver programs operated through the Division of Medicaid. The waiver programs are for the Elderly and Disabled, Independent Living, Mentally Retarded/Developmentally Disabled, Assisted Living and Traumatic Brain Injury or Spinal Cord Injury individuals. Individuals may choose to discharge from the waiver programs or waiver waiting lists any time prior to or after consideration as a beneficiary. Included are applications (Form 260), notices of actions, plan of care (Form HCBS 301), Assessment forms (HCBS 305), HCBS 105 form, photos, and correspondence.</p>	<p>Hold in the current files area two (2) years; transfer to SRC; hold seven (7) years, then dispose.</p>
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Division of Medicaid

Long Term Care Services	5082	MR/DD (Mentally Retarded/Developmentally Disabled) Files	This series consists of MR/DD files of the Long Term Care Services, Home and Community-Based Services waiver programs. The MR/DD waiver is administered by the Department of Mental Health, Bureau of Mental Retardation. The MR/DD waiver provides services to individuals who, but for the provision of home and community-based services, would require placement in an Intermediate Care Facility(ICF/MR). Included are applications(Form 260), notices of actions, plan of care(Form HCBS 301), Assessment forms(HCBS 305), HCBS 105 form, and correspondence.	Hold in the current files area one (1) year, then dispose.
Long Term Care Services	5558	Case Mix Files	This series consists of files related to Minimum Data Set (MDS), which is a clinical assessment of the functional capabilities of nursing home residents. Included are assessments, correspondence, appeals, final disposition letters, case mix reviews, and audit findings/results.	Hold paper files one (1) year. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then delete.
Maternal and Child Health Services	5568	Plan of Care	This series consists of the annual plan of care sent by long-term care providers to document treatment of patients.	Hold files one (1) year. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then delete.

Division of Medicaid

Maternal and Child Health Services	5569	Family Planning	This series consists of applications for services and related income verifications, birth certificates, social security cards, and correspondence.	Hold files one (1) year. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then delete.
Maternal and Child Health Services	5570	Service Checklist	This series consists of forms generated by the state Department of Education indicating the services for which a child may qualify based upon an evaluation performed assessing the child's abilities and needs.	Hold files one (1) year. Image and verify records. Once verified, dispose of paper files. Retain electronic images four (4) years; then delete.
Maternal and Child Health Services	5571	Disabled Child Living at Home	This series consists of applications, questionnaires, medical records, psychological evaluations, correspondence, transmittals between bureaus, and clinical certifications relating to support provided for disabled children living at home.	Hold files one (1) year. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then delete.
Maternal and Child Health Services	5572	Hearing Aid Prior Authorization	This series consists of request forms, correspondence, and invoices relating to the prior authorization requests made by providers for services under this program.	Hold files one (1) year. Image and verify records. Once verified, dispose of paper files. Hold electronic images four (4) years; then delete.
Medical Services	1638	Correspondence	This series consists of correspondence. Included are letters and memos.	Hold in the current files area one (1) year; transfer to SRC and hold four (4) years; then destroy.
Medical Services	1639	Deficiencies and Plans of Correction	Files related to nursing homes, hospitals, home health agencies, and independent labs. Included are inspection of care reports and actions planned for any deficiencies found.	Hold in the current files area one (1) year; then destroy.



Division of Medicaid

Medical Services	1755	Certification and Transmittals (C&T)	Documents relating to certification, recertification, sanction or termination of nursing homes. This series is cut off at the end of the calendar year.	Hold in the current files area one (1) year; transfer to SRC and hold four (4) years; then destroy.
Mental Health	5559	Mental Health Plans of Care (POC) Files	This series consists of records of authorization for office visits for psychological and neurological testing of children, adolescents, and young adults aged birth to 21 years of age. Information on the POC includes provider information, Medicaid ID Number, dates of service, reason for testing and number of units billed. Also included are addendum POC forms for any unused units when an extension of time is needed.	Hold files one (1) year. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then delete.
Mental Health	5560	Psychiatric Residential Treatment Facility (PRTF) Files	This series consists of psychiatric residential treatment facility files and includes on-site compliance reviews, correspondence, notification of staff changes, proof of licensure, incident reports, and family therapy waiver letters.	Hold files one (1) year. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then delete.
Mental Health	5561	Community Mental Health Center (CMHC) Files	This series consists of community mental health files that includes contracts, audits, correspondence, technical denial letters, and waivers.	Hold files one (1) year. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then delete.

Division of Medicaid

Mental Health	5562	Intellectual Disabilities/Developmental Disabilities (ID/DD) Files	This series documents the ID/DD waiver administered jointly with the Department of Mental Health, Bureau of Mental Retardation, which provides services to individuals who would require placement in an intermediate care facility (ICF/MR), if there were not home and community-based services. Includes application forms (form 260 and form 105), plans of care, assessment forms, and correspondence.	Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain five (5) years; then delete.
Mental Health	5563	Mental Health Preadmission Screening and Resident Previews (PASRR) Fil	Files relating to preadmission screening of mental health patients including in-house billing, Department of Mental Health payment roster, provider PASRR payment roster, PASRR tracking spreadsheet, reports (quarterly and annual), and correspondence	Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain five (5) years; then delete.

Division of Medicaid

Performance and Financial Review	5025	Correspondence Files	<p>This series consists of the correspondence files of the Bureau Director of the Division of Medicaid, Performance and Financial Review. Included are faxes, memos, handwritten notes, lists of Non-emergency Transportation (NET) Claims, copies of Remittance Advices, NET Services Training Seminar pamphlet, copies of W-9 Forms of NET Group Providers, former policies of the Bureau of Performance and Financial Review, NET Provider Policy Manuals, and E-mail printouts. Limited information in this series is duplicated electronically in word processing and e-mail.</p>	<p>Hold paper files in the current file area two (2) years; transfer to SRC; hold three (3) years, then dispose. Hold electronic files in-house five (5) years, then dispose. Audit must have been released three (3) years prior to disposal.</p>
Pharmacy Program	4326	Provider Enrollment Files (Active)	<p>This series consists of files related to pharmacies that have applied to be providers with the DOM Pharmacy Program. Included are applications, notification letters, and copies of license.</p>	<p>Hold in the current files area until inactive; then transfer to inactive files.</p>
Pharmacy Program	4327	Provider Enrollment Files (Inactive)	<p>This series consists of files related to pharmacies that have applied to be providers with the Division of Medicaid Pharmacy Program. This series consists of provider enrollment files that have become inactive. Included are applications, notification letters, and copies of license.</p>	<p>Hold in the current files area five (5) years, then dispose.</p>

Division of Medicaid

Pharmacy Program	4328	Out of State Pharmacy Files (Active)	This series consists of files related to out of state pharmacies that have enrolled in the program as providers. Included are copies of license applications, and notification letters.	Hold in the current files area until inactive; then transfer to inactive files.
Pharmacy Program	4329	Out Of State Pharmacy Files (Inactive)	This series consists of files related to out of state pharmacies that have enrolled in the Pharmacy Program as providers. Included are applications, notification letters, and copies of licenses.	Hold in the current files area five (5) years, then dispose.
Pharmacy Program	4330	Disapproved Applications	This series consists of applications that were rejected by the program related to pharmacies that applied to be Medicaid providers. Included are applications, notification letters, and copies of license.	Hold in the current files are five (5) years, then dispose.
Pharmacy Program	4331	Prior Authorization Forms	This series consists of forms that are submitted by physicians to the programs for prior authorization of prescriptions.	Hold in the current files area one (1) year; transfer to SRC; hold four (4) years, then dispose.
Pharmacy Program	4332	Request for Prior Authorization Forms	This series consists of requests for prior authorization forms that physicians submitted to the Division of Medicaid's Pharmacy Program for approval.	Hold in the current files area one (1) year; transfer to SRC; hold four (4) years, then dispose.
Pharmacy Program	4334	Disease Management Program Files (Active)	This series consists of files related to providers who have enrolled in the Disease Management Program. Included are applications, copies of licenses, and notification letters.	Hold in the current files area until inactive; transfer to inactive files.

Division of Medicaid

Pharmacy Program	4335	Disease Management Files (Inactive)	This series consists of files related to providers who have enrolled in the Disease Management Program. Included are applications, copies of licenses, and notification letters.	Hold in the current files area five (5) years, then dispose.
Pharmacy Program	4336	Medicaid Auditor's General Files	This series consists of the Medicaid Auditor general files used in responding to inquiries, claims, and discrepancies. The Medicaid auditor analyzes unresolved claims and verifies that providers are following the policies and procedures of the Division of Medicaid. Included are correspondence, inquiries, audits, letters, copies of invoices, and Medicaid claims.	Hold in the current files area four (4) years, then dispose.
Policy, Planning and Development	5564	Provider Billing Manuals	This series consists of the final copy of the billing manuals. These manuals guide providers through proper billing procedures for the Medicaid program.	Hold until the end of the calendar year. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain permanently.

Division of Medicaid

Policy, Planning and Development	5566	Claim Check/Review Coding Records	<p>This series consists of files about the management of the claim check/claim review coding software. The Division of Medicaid utilizes the software as a tool to manage correct coding. Included are budget plans, leave records, purchasing slips, organization charts, bureau procedures, legal opinions, pricing and coding updates, project files, legislative bills, beneficiary files, provider issues, surveys, appeal procedures, correspondence, email, data reports with beneficiary information, provider applications, and</p>	<p>Hold files two (2) years. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain three (3) years; then delete.</p>
Program Integrity	1641	Correspondence	<p>This series consists of correspondence. Included are memos and letters.</p>	<p>Hold in the current files area five (5) years; then weed and destroy unnecessary material.</p>
Program Integrity	2095	Program Integrity Files Summary Sheets	<p>Documents relating to receipt and provider investigative files concerning benefits received when eligible. Included are charges, dates, contact sheets, provider history and report findings.</p>	<p>Hold in the current files area until case is closed; transfer to SRC and hold three (3) years; then destroy.</p>
Program Integrity	5549	Active Case Reviews	<p>This series consists of reviews of case records to see if proper determination concerning eligibility was made. Included are MAO's (Medicaid Only Cases) and AFDC cash cases.</p>	<p>Hold paper files until review is finalized. Image and verify records. Once verified, dispose of paper files. Hold electronic images five (5) years; then delete.</p>

Division of Medicaid

Program Integrity	5550	Negative Case Action	This series consists of reports prepared for the federal government agencies which oversee and administer the Medicaid program. Reports are based on state-wide statistical data on Medicaid Eligibility Quality Control (MEQC) case findings, number of completed cases, errors and total claims.	Hold paper files until review is finalized. Image and verify records. Once verified, dispose of paper files. Hold five (5) years; then delete.
Program Integrity	5551	Medicaid Fraud Control Unit (MFCU) Cases	These cases contain information of cases referred to or received from the Mississippi Attorney General's MFCU and other law enforcement agencies; they often involve criminal prosecution.	Hold files three (3) years after case is closed. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain five (5) years; then delete.
Program Integrity	5552	Provider Investigations	These cases contain information regarding provider audits/investigations regarding possible fraud/abuse, overpayments, billing errors of questions regarding medical necessity.	Hold files three (3) years after case is closed. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain two (2) years; then delete.
Program Integrity	5553	Provider/Recipient Complaints	These are complaints regarding providers and/or recipients that have been completed/referred.	Hold files three (3) years after case is closed. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain two (2) years; then delete.
Program Integrity	5554	New Provider Inspections	These cases contain information regarding the review of providers who have been Medicaid providers for less than one (1) year. The files contain information verifying that a brief investigation was conducted.	Hold files three (3) years after case is closed. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain two (2) years; then delete.

Division of Medicaid

Program Integrity	5555	Contracted Audits (RACS)	This series of cases contains information related to the audits performed by federally contracted auditors known as RACS.	Hold files three (3) years after case is closed. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain two (2) years; then delete.
Program Integrity	5556	Centers for Medicare and Medicaid Services (CMS) Audit	These cases contain information related to the audits performed by the Centers for Medicare and Medicaid Services and the Medicaid Integrity Contracts (MIC) auditors.	Hold files three (3) years. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain two (2) years; then delete.
Programs Review	2721	Quality Control Eligibility Reviews	Documents relating to reviews of case records to see if proper determination concerning eligibility was made. Included are MAO's (Medicaid Only Cases) and AFDC cash cases. This series is arranged numerically by review number and is cut off at the end of the six months.	Hold in the current files area one (1) years; transfer to SRC; hold four (4) years, then destroy. Audit report must have been released three (3) years.
Programs Review	3459	Medicaid Eligibility Quality Control Corrective Action Plan	Records relate to the analysis of cases that result in misspent money, the cause of misspent funds, and the corrective action measures. Included are MEQC statistical analysis charts and reports and written proposed and evaluated corrective action measures. This series is cut off at the end of the fiscal year.	Hold in the current files area one (1) year; transfer to SRC and hold two (2) years; then destroy.



Division of Medicaid

Programs Review	3460	Medicaid Eligibility Quality Control Federal Reports	Consists of reports prepared for the Federal government agencies which oversee and administer the Medicaid program. Reports are a result of samples taken on the state level. They are computer generated and contain statistical data on MEQC case findings, number of completed cases, errors and total claims. This series is cut off every six months.	Hold in the current files area one (1) years; transfer to SRC and hold four (4) years; then destroy.
Provider Enrollment	6094	Provider Validation Background Check Files	This series consists file background checks of Medicaid providers (physicians). Included are fingerprint cards, electronic fingerprint files (ITS/Division of Medicaid database), and background checks.	Shred fingerprint cards and forms upon completion of background checks. Hold electronic records seven (7) years after background check has been completed, then dispose.
Provider Enrollment	6223	Provider Enrollment	This series consists of health care provider files enrolled in the Medicaid program. Included are provider applications and supporting documents.	Once imaged, hold digital files three (3) years after termination of provider, then dispose. Audit must have been released three (3) years prior to disposal.
Provider/Beneficiary Relations	4551	Active Provider Files	This series consists of Provider Files for the Division of Medicaid Bureau of Provider/Beneficiary Relations. Included are copies of Medicaid cards, copies of patient appointments, Request for Non-emergency Transportation Forms, and Transaction Summaries.	Hold in the current files area until inactive, then transfer to inactive files.

Division of Medicaid

Provider/Beneficiary Relations	4552	Inactive Provider Files	This series consists of Inactive Provider Files for the DOM Bureau of Provider Beneficiary Relations. Included are correspondence, special claims tracking cover sheets, memos, special, and batch responses.	Transfer to Inactive Provider Files; hold paper files in the current files area three (3) years; transfer to SRC; hold three (3) years, then dispose. Maintain electronic components six (6) years, then dispose. Audit must have been released three years.
Provider/Beneficiary Relations	4553	Active Beneficiary Files	This series consists of Active Medicaid Beneficiary Files of the DOM Bureau of Provider/ Beneficiary Relations related to pending complaints made by Medicaid Beneficiaries. Included are correspondence, fax information, e-mail, responses from Medicaid Beneficiaries, copies of health policies, memos, eligibility history inquiries, and claim history retrieval inquiries.	Hold in the current files area until inactive, then transfer to inactive files.
Provider/Beneficiary Relations	4554	Inactive Beneficiary Files	This series consists of Inactive Medicaid Beneficiary Files of the DOM Bureau of Provider/ Beneficiary Relations related to pending complaints made by Medicaid Beneficiaries. Included are correspondence, fax information, e-mail, responses from Medicaid Beneficiaries, copies of health policies, memos, eligibility history inquiries and claim history retrieval inquiries.	Transfer to inactive files; hold paper files in the current files area three (3) years; transfer to SRC; hold three (3) years, then dispose. Maintain electronic components six (6) years, then dispose. Audit must have been released three years.

Division of Medicaid

Provider/Beneficiary Relations	5576	Applications Received from Fiscal Agent	Included are beneficiary applications received from the fiscal agent to determine eligibility for a program or service.	Hold files two (2) years after receipt. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain five (5) years; then delete.
Provider/Beneficiary Relations	5577	Certification and Transmittals from the Centers for Medicare and Medicaid	This series contains certification and transmittals (C & Ts) received from CMS through the Mississippi Department of Health's Survey and Certification Agency. The C & Ts are received in-house at the Division of Medicaid and copies forwarded to provider enrollment.	Hold files two (2) years after receipt. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain five (5) years; then delete.
Provider/Beneficiary Relations	5578	Civil Rights Compliance Program	This series contains files relating to the Civil Rights Compliance (CRC) program. Included are records for hospital, nursing home, physician/dentists, incomplete CRC files, and any documentation related to the CRC files.	Hold files two (2) years after receipt. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain five (5) years; then delete.
Provider/Beneficiary Relations	5579	Correspondence	This series contains letters from state agencies such as the Department of Health or correspondence from providers that are reviewed and transactions completed as necessary.	Hold files two (2) years. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain five (5) years; then delete.
Provider/Beneficiary Relations	5580	Office of the Inspector General (OIG) Sanction Letters	This series contains letters received from the Office of the Inspector General (OIG) which indicates providers that have been excluded or reinstated.	Hold files two (2) years after receipt. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then delete.

Division of Medicaid

Provider/Beneficiary Relations	5581	Provider Files	This series contains files of correspondence to providers on the resolution of provider concerns and problems (claims issues, claims forms and other billing related issues) that were handled by Provider Relations.	Hold files two (2) years after receipt. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then delete.
Provider/Beneficiary Relations	5582	Provider Enrollment	This series contains Division of Medicaid control memos requesting transactions be completed by the fiscal agent and the associated fiscal agent response that the requested transactions had been completed.	Hold files two (2) years after receipt. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain five (5) years; then delete.
Provider/Beneficiary Relations	5583	State Board of Medical Licensure Notices	This series contains letters from the Mississippi State Board of Medical Licensure received by the Division of Medicaid identifying providers whose license has been revoked or suspended by the Board.	Hold files two (2) years. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain five (5) years; then delete.
Provider/Beneficiary Relations	5584	Transmittals to Other Bureaus	This series contains transmittal forms sent to another Division of Medicaid bureau with an application attached for review by that particular bureau within Division.	Hold files two (2) years. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain five (5) years;
Reimbursement	4557	Rural Health Clinics Cost Reports	This series consists of cost reports related to Rural Health Clinics. The Rural Health Clinics provide health related services and are reimbursed by the Division of Medicaid. Included are cost reports, requests for Medicaid certification, provider enrollment forms, assistance participation agreements for certified registered nurse and other related files.	Hold paper files in the current files area until final settlement; transfer to SRC; hold five (5) years, then dispose. Audit must have been released three years. Maintain electronic components of series five (5) years after final settlement, then dispose.

Division of Medicaid

Reimbursement	4558	Nursing Home Cost Reports	This series consists of cost reports related to Long Term Care Facilities (Nursing Home). The Long Term Care Facilities (Nursing Homes) provide paramount care for patients and are reimbursed by the Division of Medicaid. Included are cost reports and working papers.	Hold in the current files area until final settlement; transfer to SRC; hold five (5) years after final settlement, then dispose. Audit must have been released three years.
Reimbursement	4559	Home Health Agency Cost Reports	This series consists of cost reports related to Home Health Facilities. The Home Health Facilities provide home health services to patients, and the Division of Medicaid reimburses them. Included are cost reports, desk reviews, receipts for certified mail, review notes, cost report completeness checklist, working papers, trial balance reports, and envelopes with certified dates.	Hold paper files in the current files area until final settlement; transfer to SRC; hold five (5) years, then dispose. Audit must have been released three years. Maintain electronic components of series five (5) years after final settlement, then dispose.
Reimbursement	4560	Federal Qualified Health Clinics Cost Reports	This series consists of cost reports related to Federal Qualified Health Clinics in Mississippi. Included are reviews, phone contact sheets, data sheets, desk reviews, and correspondence.	Hold paper files in the current files area until final settlement; transfer to SRC; hold five (5) years, then dispose. Audit must have been released three years. Maintain electronic components of series five (5) years after final settlement, then dispose.

Division of Medicaid

Reimbursement	5532	Hospital Reimbursement Cost Reports-Non Prospective Payment System	Hospitals, rural health clinics, nursing homes, home health agencies, and federally qualified health clinics provide care for patients and are reimbursed by the Division of Medicaid. Included are cost reports, completeness checklists, correspondence, desk reviews, settlement summaries, balance sheets, trial balance summaries, and income statements.	Hold files until final settlement. Image and verify records. Once verified, dispose of paper files. Merge imaged and born-digital files and retain four (4) years; then delete. Audit, rate calculation and claims adjustment must have been released three (3) years prior to disposal.
Reimbursement	5533	Certificates of Need	This series consists of Certificates of Need (CON) applications and files related to planning and research within the Department of Health. Documentation includes information provided to and gathered by the Department of Health and DOM responses/comments.	Hold until completion of project or for four (4) years, whichever is greater; then dispose.
Reimbursement	5535	Case Mix Rosters	This series consists of quarterly case mix rosters related to nursing home facilities which are used to calculate reimbursement.	Image and verify records upon receipt. Once verified, dispose of paper files. Hold electronic images five (5) years; then delete.
Third Party Recovery	5540	Provider Audit Files	This series consists of files containing audits performed on Medicaid providers to assure that they are billing Medicaid correctly and are in compliance with Medicaid, state, and federal policies.	Hold paper and electronic records three (3) years; then dispose.