

## Retention and Classification Report

**Agency:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy (756)  
288 North 1460 West  
P.O. Box 143102  
Salt Lake City, UT 84114-3102

**Records Officer:** \_\_\_\_\_

08067	Administrative rule making and state plan amendments
08075	Affirmative action plans
08077	Assistance payments administrative manuals
08098	Benefit usage analysis
08062	Bureau of Policy and Planning working files
08103	Claims processing thruput summary
08060	Correspondence file
08090	Cost settlement analysis
08096	County participation analysis
08072	Distribution and publication logs
08105	Drug usage eligibility classification
08102	Drug usage frequency summary
08101	Error frequency analysis
08094	Expenditure analysis
08099	Financial summary-medicaid
08080	Health Care Financing administration action transmittals
08073	Health Care Financing administration memoranda
08082	Medicaid Management Information System and Medicaid Administ
08079	Medicaid Management Information System training manual
08088	Medicaid coding manuals
08063	Medicaid implementation and corrective action plans
08083	Medicaid information bulletin file
08086	Medicaid information bulletins assignment log
08087	Medicaid working files
08093	Medical care monthly statistical report
08100	Medical program analysis county/category of service
08106	Medicare participation analysis
08074	Medicare policy and procedures manuals
08107	Operational performance summary and operational performance
08064	Pharmacy Review Committee meeting minutes
08104	Provider claim filing summary

08091	Provider ranking list
08071	Public hearing records
08066	Rate setting files
08097	Recipient cost summary
08095	Recipient participation summary
08081	Reference file
08065	Supervisor's personnel files
08061	Suspense logs
08092	Third-party payment analysis
08069	Utah Administrative Rules Making bulletin
08076	Utah Medicaid provider manual

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8067

3

**TITLE:** Administrative rule making and state plan amendments

**DATES:** 1973-

**ARRANGEMENT:** Chronological, thereunder numerical by rule number.

**DESCRIPTION:**

This is a proposal by the agency to adopt a new administrative rule or change an existing rule. Many of these rules deal with changes to the state medicaid plan. These records include state plan distribution list, Transmittal and Notice of Approval of State Plan Material, Administrative Rulemaking Notice of Agency Action, memoranda of transmittal, and copies of the new State Plan pages. Information includes: Administrative Rulemaking Notice of Agency Action: the name and address of the department and division, the name and telephone number of the contact person, the title of the rule, a summary of the rule or change and the reason for it, the anticipated cost impact of the rule, the type of notice (proposed rule, change in proposed rule including the rule number, a 120 day rule, whether five year review/continuation), a justification for a 120 day rule, whether the rule is authorized by state code or required by federal mandate and the applicable citations, the means by which the public may comment on the applicable citations, the means by which the public may comment on the proposed rule (at a public hearing, by appearing at the agency, or by written comment) and the period for making their comments, the date the rule becomes effective, and the Office of Administrative Rules and agency file numbers; Transmittal and Notice of Approval of State Plan Material: form used to transmit copy of rule to the Centers for Medicare and Medicaid Services (CMS) for its approval; gives the transmittal number, the name of the state, the program identification, the CMS region, the proposed effective date, the type of plan material (new state plan, amendment to be considered as new plan, or amendment), the Federal Regulation Citation involved in the change, the number of the plan section or attachment, the number of the superseded plan section or attachment, the number of the superseded plan section or attachment, the subject of the amendment, the type of governor's review (no comment, comments of governor attached, no reply received, and other) the name, title, address, and signature of the state agency official and the date signed, the date the form was received in the CMS office, approved, and the effective date of the material, the name, title, and signature of the regional official, and any remarks. Memorandum transmittal: gives the date of transmittal to the division director from the bureau director, the type of transmittal (initial notice or adoptive notice), a description of any attached documentation, and the names, initials, and dates of approval of all staff members who have

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy  
**SERIES:** 8067  
**TITLE:** Administrative rule making and state plan amendments

(continued)

seen and approved the proposed rule. Note: this file contains much duplication of records including as many as five copies of a single document.

**RETENTION:**

Permanent. Retain for 10 year(s)

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

Retention and disposition for this series is authorized by Archives general schedule Program and policy development records, GRS-1717.

**AUTHORIZED:** 02-26-2020

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 10 years and then transfer to State Archives with authority to weed.

Paper copy: Retain in Office until the rule is adopted and then destroy.

**APPRAISAL:**

These records have administrative value(s).

This disposition is based on the administrative needs of the agency to document the changes in their administrative rules. The Division of Administrative Rules maintains an official copy of all changes made to the administrative rules and maintains it permanently. Previous decision (8/1986): Until no longer needed administratively and then transfer to the State Archives.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8067

**TITLE:** Administrative rule making and state plan amendments

(continued)

**PRIMARY DESIGNATION:**

Public

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8075

3

**TITLE:** Affirmative action plans

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are plans prepared by the Department of Social Services and the Department of Health to encourage the hiring of minorities. File also includes Section 504 Plan to ensure equal opportunity for the handicapped.

**RETENTION:**

Permanent. Retain for 5 year(s)

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 5 years and then transfer to State Archives with authority to weed.

**APPRAISAL:**

These records have administrative, and/or historical value(s). Although General Retention Schedule 1, item 25h gives a five year retention period for affirmative action plans, a longer retention period is being recommended due to the potential research interest to social historians and social scientists.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8077

3

**TITLE:** Assistance payments administrative manuals

**DATES:** 1974-

**ARRANGEMENT:** none

**DESCRIPTION:**

This is a policy and procedures manual prepared by the Department of Social Services used as a reference source for the division regarding eligibility support for Medicaid.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until no longer administratively valuable and then destroy.

**APPRAISAL:**

These records have administrative value(s).

As a manual is prepared by the Department of Social Services, they have the responsibility to keep the record copy.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8098

3

**TITLE:** Benefit usage analysis

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the effectiveness of the medicaid program in reaching eligible recipients. This is part of COM 68115A, MARS reports. It includes run date, effective date, aid category, and a columnar listing of the number of eligible recipients, the number of participating recipients, the average service units per eligible recipients, the percentage of eligible recipients utilizing: maximum benefits, 75 - 99% of maximum, 50 - 74% of maximum, 25 - 49% of maximum, and 0 - 24% of maximum. These figures are given for the following categories: inpatient, outpatient, nursing home, physician services, lab and X-ray, prescription drugs, home health, and periodic screening.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until it is no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8062

3

**TITLE:** Bureau of Policy and Planning working files

**DATES:** 1971-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are various reference files used by staff members in the performance of their duties. Most consist of duplicate material kept at the work station for convenience. These records include files relating to long-term care, eligibility, grant programs, correspondence from and to various federal agencies, copies of minutes of various committees and other organizations, manuals, federal policy statements, copies of administrative rules, and copies of legal briefs.

**RETENTION:**

Retain for 2 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 2 years or until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

All the information in these files appears to be convenience copies to be used by specific individuals. Once they lose their administrative value, there is no further need to keep them. Two years should be sufficient for all but the manuals and policy statements which may be effect for a longer time.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8103

3

**TITLE:** Claims processing thruput summary

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the state's efficiency in processing medicaid claims. This is part of COM 68115A, MARS reports. It includes the run date, effective date, the report month, the category of service, the percentage of all claims within each category paid during the month within 10, 20, 30, 45, 60, and 90 days, the average number of days service to entry, and the average number of days from entry to payment.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until it is no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8060

3

**TITLE:** Correspondence file

**DATES:** 1980-

**ARRANGEMENT:** Alphanumerical.

**DESCRIPTION:**

This comprises three duplicate copies of all the bureau's correspondence. One set of correspondence is arranged numerically, one set is arranged alphabetically, and one set is labeled a suspense file. These records include copies of outgoing and originals of incoming correspondence and memoranda between the bureau and other Health Department bureaus, the division and department directors, other state agencies, federal agencies, medicaid providers, and the public. Subjects include policies, surveys, procedural interpretations and clarifications, and cost containment efforts.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until no longer needed and then destroy.

Paper: Retain in Office for 90 days or until no longer needed and then destroy.

Paper: Retain in Office for 2 years and then destroy.

Paper: Retain in Office for 2 years and then transfer to State Records Center. Retain in State Records Center for 3 years and then transfer to State Archives with authority to weed.

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 1 year and then destroy.

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 1 year and then transfer to State Archives with authority to weed.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy  
**SERIES:** 8060  
**TITLE:** Correspondence file

(continued)

**APPRAISAL:**

These records have administrative, and/or historical value(s).  
This retention was updated in order to extend the length of time the record is kept in the office and because the earlier retention did not reflect the fact that there are three sets of correspondence. Only one set of the correspondence should be kept.

**PRIMARY DESIGNATION:**

Public

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8090

3

**TITLE:** Cost settlement analysis

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of reimbursements received for payments for medicaid services from third party sources, comparing the current year with the past year. This is part of COM 68115A, MARS reports. It includes report date, effective date of the report, the category of service, the provider's identification number, last year's net reimbursement, last year's charges, last year's reimbursement as a percent of charges, this year's payments, this year's charges, this year's payment as a percent of charges, and over or under payment based on the difference between last year's reimbursement percentage and this year's payment percentage.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8096

3

**TITLE:** County participation analysis

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the participation in the medicaid program broken down by county. This is part of COM 68115A, MARS reports. It includes the run date, the effective date, the name of the county, and a breakdown by category (categorically needy money payment, categorically needy no money payment, medically needy, medically indigent, migrant medical, and refugee other) of recipient showing the number of eligible recipients, the number of participating recipients, the percentage of recipients participating, the amount of total payment, the average payment per participating recipient, and the average payment for eligible recipients.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until it is no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8072

3

**TITLE:** Distribution and publication logs

**DATES:** 1978-

**ARRANGEMENT:** none

**DESCRIPTION:**

This is a record of receipt and distribution of administrative rules, Federal Register, and Federal Program Memoranda Transmittals. It includes Log of Federal Transmittals, Backup Log on Publication and Distribution, Log of "Notices of Agency Action," and "Federal Register" Log. Information includes: A) Log of Federal Transmittals: gives the year, whether the transmittals are medicaid or medicare, the program transmittal number and type of transmittal, the date of publication, the date of receipt by the division, the subject matter of the publication, where the transmittal was distributed, and any remarks; B) Backup Log on Publication and distribution: gives the year, the document number, the date of the document, the subject matter, the date the document was delivered, to whom it was delivered, and any remarks; C) Log of "Notices of Agency Action:" gives the year, the division submittal number, the Health Department transmittal number, the bureau originating the rule, the subject matter, the date of first submittal and the name of the individual who drafted it, the dates it was drafted and typed, the dates it was sent to the bureau director, the department, and the capitol, the archives accession number, the date sent to Legislative Research, the date the second copy was submitted and the name of the individual who drafted it, the dates it was drafted and typed, the dates it was sent to the bureau director, the department, and the capitol, the archives accession number, the date sent to Legislative Research, the Administrative Rule number, the effective date, the date the federal government approved it and the effective date of the approval, whether the rule involves the state state plan, and the Health department number; D) Federal Register Log: gives the year, the volume, number, and pages of the registers received, the date of the register, he pertinent material it contains, and the date it was received.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy  
**SERIES:** 8072  
**TITLE:** Distribution and publication logs

(continued)

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
The purpose of the log is to verify that all pertinent documents are received and distributed properly. One year should be sufficient for that purpose.



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8105

3

**TITLE:** Drug usage eligibility classification

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the drug usage by medicaid recipients. This is part of COM 68115A, MARS reports. It includes the run date, the effective date, the therapeutic class, the category of assistance, the number of recipients, the percentage of recipients by category of assistance, the dollar amount of usage, the total number of prescriptions, and the percentage of usage per category of assistance.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until it is no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8102

3

**TITLE:** Drug usage frequency summary

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the amount and type of drugs prescribed for medicaid patients. This is part of COM 68115A, MARS reports. It includes the run date, the effective dates, the therapeutic class, the number of prescriptions, both total and as a percentage of all drugs, the expenditures both total and as a percentage of all drugs, and the average expenditure, and the usage ranking.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until it is no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8101

3

**TITLE:** Error frequency analysis

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the frequency of errors in the medicaid program. This is part of COM 68115A, MARS reports. It includes the run date, the effective date, the category of service, the month of the report, the provider identification number, and for each provider, the number of claims paid, the number of claims suspended, the percentage paid from suspense, the number of claims denied, the number of claims overridden, and the average errors per 100 paid claims.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until it is no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8094

3

**TITLE:** Expenditure analysis

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the programs covered by medicaid and the amount spent for each one. This is part of COM number 68115A, MARS reports. It includes the report date, the effective date, the category of service, the category of aid (categorically needy, money payments; categorically needy, no money payment; and medically needy; all three categories are further broken down into aged, blind, disabled, Aid to Families with Dependent Children (AFDC) child, AFDC adult; and medically indigent; migrant medical; and refugee other). For each category gives, payment totals and trends, units of service totals and trends, service unit per eligible recipient average and trend, and average cost per eligible recipient average and trend, and total payments and total units of service.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative, and/or fiscal value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8099

3

**TITLE:** Financial summary-medicaid

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a statistical analysis of the costs of the medicaid program. This is part of COM 68115A, MARS reports. It includes the run date, effective date, and a list of fund types broken down by budget, expenditures, variance dollars, variance percentage, and dollar values of claims in suspense showing, in columnar form, the current month figures, same month last year, six month average this year, the state fiscal year to date this and last year, and the federal fiscal year to date.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until it is no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8080

3

**TITLE:** Health Care Financing administration action transmittals

**DATES:** 1973-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are memoranda sent to the Health Department from the federal Health Care Financing Administration for their information and possible action. The records include memoranda on proposed rule making, on preparation for quality control reviews, and on guidelines for proficiency examinations. While some of these memoranda are strictly for informational purposes, others either give the department an opportunity to take action (submit comments on proposed federal rules) or require the department to take action (improve case documentation). Information in the memoranda includes the dates of the memoranda, the transmittal number, the subject of the memoranda, and the date by which action, if any, must be taken.

**RETENTION:**

Retain for 2 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then transfer to State Records Center. Retain in State Records Center for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).  
Although the memoranda may have little use after the action date has passed, a two year retention period is consistent with the retention period for administrative files.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8080

**TITLE:** Health Care Financing administration action transmittals

(continued)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8073

3

**TITLE:** Health Care Financing administration memoranda

**DATES:** 1971-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are copies of informational memoranda from the federal government relating to Medicaid and Medicare. They include memoranda on subjects such as a change in the numbering system for federal memoranda and suggested wording for medical directories, and a copy of an Office of Inspector General, Office of Health Financing Integrity report on physician consultation billings for Virginia. The information includes the date of the memorandum, the subject, and the name and telephone number of the contact person at the federal agency.

**RETENTION:**

Retain for 1 year(s) or until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year or until no longer administratively valuable and then destroy.

**APPRAISAL:**

These records have administrative value(s).

Setting forth a specific retention period would not be practical due to the varied nature of the memoranda. The samples attached to the inventory worksheet seemed to have only short term value. Because of this, the bureau should be granted flexibility in disposing of the record.



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8088

3

**TITLE:** Medicaid coding manuals

**DATES:** 1980-

**ARRANGEMENT:** None

**DESCRIPTION:**

These manuals are prepared for the use of health care providers setting forth the various codes they are to use to claim reimbursement for health care.

**RETENTION:**

Permanent. Retain until superseded

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until updated or obsolete and then transfer to State Archives with authority to weed.

**APPRAISAL:**

These records have administrative value(s).

One copy of this manual should be kept for its research value.

When providers indicate the type of service given to clients, the code is used. For researchers to know what each code means, they will need a copy of the manual.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8063

3

**TITLE:** Medicaid implementation and corrective action plans

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are copies of the plan written by the state to implement the medicaid system in Utah. This also contains plans devised by the state to correct problems concerning eligibility matters in the original plan. These plans include information about recipient eligibility, reimbursement procedures, provider requirements, and other matters relating to the control and implementation of the medicaid system.

**RETENTION:**

Permanent. Retain until administrative need ends

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until updated or no longer needed and then transfer to State Archives with authority to weed.

Paper copy: Retain in Office until updated or no longer needed and then destroy.

**APPRAISAL:**

These records have administrative, and/or historical value(s).

The plan implementing the medicaid system in the state is of value to researchers and should be kept permanently. However, only the original needs to be kept. All duplicate copies of these plans should be destroyed when they are no longer administratively valuable.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8083

3

**TITLE:** Medicaid information bulletin file

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are copies of bulletins sent to health care providers explaining policy and procedures changes. They include the issue date, the effective date of the change, the bulletin number, the subject of the bulletin, the name and title of the originator, a list of whom the bulletin is going to, and a description of the changes.

**RETENTION:**

Permanent. Retain for 5 year(s)

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 5 years and then transfer to State Archives with authority to weed.

**APPRAISAL:**

These records have administrative, and/or historical value(s). As these procedural changes are written by the state, they are of historical value and one copy should be retained permanently. A five year office retention period is recommended to allow easy staff reference to these documents.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8086

3

**TITLE:** Medicaid information bulletins assignment log

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a record of the progress of the drafting of these bulletins, and the internal approvals of the procedures proposed. It includes the subject of the bulletin; the effective date; the proposed mailing date; the initials, indicating review and agreement, of the division and bureau directors, the information analyst, the division attorney, and the manager of the Medicaid Management Information System; the dates of the draft and the printing dates; the date mailed; any special instructions; and the completion date.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

As this is a primarily a control document to ensure that all necessary input is received in the production of the bulletin, one' year's retention should suffice for all administrative needs.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8082

3

**TITLE:** Medicaid Management Information System and Medicaid Administrative Reference System reports

**DATES:** 1985-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are computer generated reports of expenditures paid by Utah medicaid and the Utah Medical Indigent Program, received monthly. They include Cost Settlement Analysis, Provider Ranking List, Third Party Payment Analysis, Expenditure Analysis, Recipient Participation Summary, County Participation Summary, Recipient Cost Summary, County Participation Analysis, Medical Program Analysis County, Error Frequency Analysis, Provider Claim Filing Summary, Drug Use Eligibility Classification, Drug Usage Frequency Detail, County Expenditure Analysis, Operational Performance Detail, Provider Participation Summary, Financial Summary, and Statistical Report on Medical Care. Information includes the date of the report, the run date, the category of service (physician related, pharmacy, vision care, etc.), the provider identification number, the name of the health care provider, the number of recipients given health care, and the costs of that care.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 month or until no longer needed and then destroy.

Computer output microfiche master: Retain in State Records Center until not administratively valuable and then destroy.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8082

**TITLE:** Medicaid Management Information System and Medicaid Administrative Reference System reports

(continued)

**APPRAISAL:**

These records have administrative value(s).

This report is computer generated and has only administrative value for the bureau. In most instances, keeping the report one month will suffice, as these reports are updated that often and the bureau uses only the current reports. However, in some instances, special studies may be made, and may require that these reports be retained until the study is completed. The given retention should give them the needed flexibility.

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8079

3

**TITLE:** Medicaid Management Information System training manual

**DATES:** 1973-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a training manual for the Medicaid Management Information System.

**RETENTION:**

Permanent. Retain until superseded

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until superseded or obsolete and then transfer to State Archives with authority to weed.

**APPRAISAL:**

These records have administrative, and/or historical value(s).  
Based on General Retention Schedule 1, item 29 a.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8087

3

**TITLE:** Medicaid working files

**DATES:** 1977-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are drafts and background papers used in the writing of procedures for medicaid health care providers. These files include draft documents written by the bureau staff, federal registers, and information documents received from the state boards of pharmacy, nursing, laboratory, etc.

**RETENTION:**

Permanent. Retain for 2 year(s)

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 2 years and then transfer to State Archives with authority to weed.

**APPRAISAL:**

These records have administrative, and/or historical value(s). Original documents that go into devising procedures or policy may have historical value in giving insight into the formulation of the policy or procedure. On the other hand, documents such as federal registers that are available elsewhere need not be kept beyond their administrative value.



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8087

**TITLE:** Medicaid working files

(continued)

**PRIMARY DESIGNATION:**

Public

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8093

3

**TITLE:** Medical care monthly statistical report

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a statistical report on the number of children screened under the Early and Periodic Screening, Diagnosis and Treatment program. This is part of COM 68115A, MARS reports. It includes a report on the number of individuals receiving Early and Periodic Screening Services and the payment for such services. Gives the report date and effective date, the month covered by the report, and a listing of the number of individuals screened during the month, the number with no referable conditions uncovered or suspected during screening, the number with referable conditions uncovered or suspected during screening broken down by the number referred for diagnosis and/or treatment and the number not referred, the number of individuals screened with visual problems, hearing problems, dental problems, lead poisoning, incomplete immunization status, and other problems, and the total payments for screening services. Each of these categories show the total number screened, the number under age 6 screened, and the number between the ages of 6 and 20 screened.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8093

**TITLE:** Medical care monthly statistical report

(continued)

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8100

3

**TITLE:** Medical program analysis county/category of service

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the medicaid program by county and by the category of service. This is part of COM 68115A, MARS reports. It includes the run date, the effective date, the name of the county, and a list of the service categories. For each category includes the number of recipients for the current month, the units of service, the expenditures, and the state fiscal year to date recipients, units of service, and expenditures.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until it is no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8106

3

**TITLE:** Medicare participation analysis

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the amount of participation in medicare in the state. This is part of COM 68115A, MARS reports. It includes the run date, the effective date, the number of persons eligible for medicare and the number of claims denied, paid, processed, and in suspense and the expenditures for the current month, same month last year, six month average this year, state fiscal year to date this year and last year, and federal fiscal year to date.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until it is no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8074

3

**TITLE:** Medicare policy and procedures manuals

**DATES:** 1980-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are policies and procedures prepared by the federal government for the medicare program. These records include manuals for insurance carriers, home health agencies, hospitals, intermediaries, provider reimbursement, skilled nursing facilities, hospices, medicare outpatient physical therapy, medicare health insurance regulations, and medicare program operations.

**RETENTION:**

Retain until superseded

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until superseded or obsolete and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8107

3

**TITLE:** Operational performance summary and operational performance detail

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the Health Department's efficiency in administering the medicaid program. This is part of COM 68115A, MARS reports. It includes the run date, the effective date, the category of service, the number and dollar value of claims processed, claims paid, claims denied, claims in suspense, the average errors, the average days from service to payment for current month, the average days from service to payment for the same month last year, the 6 month average this year, the state fiscal year to date this and last year, and the federal fiscal year to date. The Summary gives complete figures while the Detail Report breaks these figure down by category.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until it is no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8064

3

**TITLE:** Pharmacy Review Committee meeting minutes

**DATES:** 1983-

**ARRANGEMENT:** None

**DESCRIPTION:**

This file consists of both the agendas and minutes of the committee involved in setting pharmacy prices and policy for the medicaid program in the state. It includes the date and location of the meeting, the persons present, the items discussed and any decisions made.

**RETENTION:**

Permanent. Retain for 5 year(s)

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 5 years and then transfer to State Archives with authority to weed.

**APPRAISAL:**

These records have administrative, and/or historical value(s). As this committee has regulatory authority over the medicaid program in the state, the minutes of their meetings is of permanent value.



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8104

3

**TITLE:** Provider claim filing summary

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the pattern of claim filing by providers. This is part of COM 68115A, MARS reports. It includes run date, effective date, category of service, the provider identification number, the total claims paid, the total amount paid, the average number of days to filing, the claims received in 1-30 days, 31-60 days, 61-90 days, 4-6 months, and more than 6 months, giving both the number of claims and the amount paid.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until it is no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8091

3

**TITLE:** Provider ranking list

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This report lists the health care providers in order of the number of claims they have submitted. This is part of COM 68115A, MARS reports. It includes the run date, the effective date of the report, the category of service, the provider identification number, the provider name, the number of claims processed, the number of claims paid, the percentage of category claims, the state fiscal year to date expenditures, the percentage of category expenditures, the average expenditure, and the provider's rank by expenditure.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8091

**TITLE:** Provider ranking list

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8071

3

**TITLE:** Public hearing records

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are copies of public notices of hearings and transcripts of those hearings. They include the date of the hearing, the location of the hearing, the subject of the hearing, the members present, and the outcome of the meeting.

**RETENTION:**

Permanent. Retain for 2 year(s)

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 2 years and then transfer to State Archives with authority to weed.

Paper copy: Retain in Office for 2 years or until no longer administratively valuable and then destroy.

Sound recordings: Retain in Office for 2 years and then transfer to State Archives with authority to weed.

**APPRAISAL:**

These records have administrative, historical, and/or legal value(s). Transcripts of the public hearings have research value and should be retained permanently. Keeping them in the office two years is consistent with federal regulations on public hearing transcripts.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8066

3

**TITLE:** Rate setting files

**DATES:** 1980-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is background material and studies used to fix the prices for medical service for the medicaid plan in Utah. These files include computer printouts of claims histories, histories of the reimbursement policies for each category of service, background information on contract negotiations to establish payment rates for selected services, copies of rate setting and payment policies from other states, studies conducted to justify payment policies and rates, and published reference materials.

**RETENTION:**

Permanent. Retain for 3 year(s)

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 3 years and then transfer to State Records Center. Retain in State Records Center for 3 years and then transfer to State Archives with authority to weed.

Paper copy: Retain in Office for 3 years and then destroy.

**APPRAISAL:**

These records have administrative, and/or historical value(s). Information pertinent to the development of medicaid payment rates and reimbursement policy can be of value to researchers and should be retained permanently. These files, however, also contain much that is of temporary value that should be weeded out on a regular basis. A three year retention is consistent with those given in the General Retention Schedule 16 item 10 for similar records.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8066

**TITLE:** Rate setting files

(continued)

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8097

3

**TITLE:** Recipient cost summary

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the costs of the medicaid program. This is part of COM 68115A, MARS reports. It includes the run date, the effective date, the category of service, a breakdown of recipients by category showing the number of claims paid for the year to date, the cost share amounts (total, average, and trend), the average claim payments, and the average claim cost.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until it is no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8095

3

**TITLE:** Recipient participation summary

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a statistical profile on the effectiveness of the program in reaching eligible recipients. This is part of COM 68115A, MARS reports. It includes the run date, the effective date, the category of service, and the category of assistance broken down into figures for the number of eligible recipients, the number of recipients participating, the percentage of recipients participating, the total dollar amount paid, the average payment per eligible recipient, the average days from application date to certification date, the number of claims paid, the average payment per claim, the units of service paid, the average payment per unit of service, and the average payment per participating recipient. All of these show the figures for the current month, the same month last year, the trend, and the state fiscal year to date this year and last year.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Microfiche master: Retain in Office until it is no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).



**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8081

3

**TITLE:** Reference file

**DATES:** 1974-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are miscellaneous documents kept for reference purposes by the technical writing unit. The files include a copy of the division's training plan for fiscal year 1979, departmental correspondence, comments on rule changes submitted by the general public, and implementation memoranda.

**RETENTION:**

Retain for 1 year(s) or until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year or until no longer administratively valuable and then destroy.

**APPRAISAL:**

These records have administrative value(s).

All of the documents in this file appear to be duplicates and, as such, do not require a long retention. Any other use for the file should only be for short term.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8065

3

**TITLE:** Supervisor's personnel files

**DATES:** 1980-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are files on employees maintained by managers for the purpose of evaluating the work of those employees. They include leave record, performance reviews, performance plans, personnel action requests, flextime schedules, times sheets, and correspondence and memoranda relating to the employee's work.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then destroy.

**APPRAISAL:**

These records have administrative value(s).

All of the information in the file is either of short term significance or is duplicated in the official personnel file. The purpose for the file is as a tool for the manager to prepare an accurate evaluation of the employee's work. As a performance appraisal cannot cover more than one year, the material does not need to be retained longer than that.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8065

**TITLE:** Supervisor's personnel files

(continued)

**PRIMARY DESIGNATION:**

Private

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8061

3

**TITLE:** Suspense logs

**DATES:** 1981-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a record of all correspondence written by bureau personnel. It is used as a reference and to number the letters. The record includes the bureau, the month and year of the log, the date of the correspondence, the number assigned to it, the subject of the correspondence, the name of the originator, and the name of the individual to whom it is to be sent.

**RETENTION:**

Retain for 2 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 2 years and then destroy.

**APPRAISAL:**

These records have administrative value(s).

This log could possibly have some use to the bureau to help them locate a specific letter. If such is the case, the two year retention will make sure that the information is on hand as long as the related correspondence is.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8092

3

**TITLE:** Third-party payment analysis

**DATES:** undated

**ARRANGEMENT:** None

**DESCRIPTION:**

This is an analysis of the number and amount of third party payments received on medicaid claims. This is part of COM number 68115A, MARS reports. It includes the report date, the effective date of the report, the category of service, the provider identification number, the number of claims, the number of claims with third party payments, the percentage of claims with third party payments, the total claim dollars, the third party dollars, and the third party dollars as a percentage of the total claim.

**RETENTION:**

Retain until administrative need ends

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Computer output microfiche master: Retain in Office until no longer needed and then destroy.

**APPRAISAL:**

These records have administrative value(s).

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8069

3

**TITLE:** Utah Administrative Rules Making bulletin

**DATES:** 1976-

**ARRANGEMENT:** None

**DESCRIPTION:**

This is a comprehensive list of all rules adopted in force and in effect for Utah State Government. This is published by the Office of Administrative Rules. It includes the name and address of the department and division, the name and telephone number of the contact person, the title of the rule, a summary of the rule or change and the reason for it, the anticipated cost impact of the rule, the type of notice (proposed rule, change in proposed rule including the rule number, a 120 day rule, or a five year review/continuation), a justification for a 120 day rule, whether the rule is authorized by state code or required by federal mandate and the applicable citations, the means by which the public may comment on the proposed rule (at a public hearing, by appearing at the agency, or by written comment) and the period for making their comments, the name and signature of the agency head or designee, the date the notice was signed, the date and time the notice was received in the Office of Administrative Rules and the name of the person receiving it, the date the rule becomes effective, and the Office of Administrative Rules and agency file numbers.

**RETENTION:**

Retain for 1 year(s)

**DISPOSITION:**

Destroy.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office for 1 year and then destroy.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8069

**TITLE:** Utah Administrative Rules Making bulletin

(continued)

**APPRAISAL:**

These records have administrative value(s).

The rationale for keeping these records is that they are used to research the effective date of rules for defense against legal actions. However, this information is kept in at least two other places - in the Administrative Rule Analysis Notice of Proposed Rule/Change file and in the Office of Administrative Rules.

**AGENCY:** Department of Health. Division of Medicaid and Health Financing. Bureau of Coverage and Reimbursement Policy

**SERIES:** 8076

3

**TITLE:** Utah Medicaid provider manual

**DATES:** 1975-

**ARRANGEMENT:** None

**DESCRIPTION:**

These are copies of medicaid policy and reimbursement procedures prepared by the Department of Health. One of the sets is labeled "historical." These records include manuals for dentists, medical suppliers, pharmacies, speech and audiologist therapists, psychologists, physical therapists, vision care providers, transportation providers, inpatient hospitals, outpatient physicians, home health services, independent laboratories; long-term care providers, nurse - midwife providers, mental health clinics, rural health clinics, and home and community based services.

**RETENTION:**

Permanent. Retain until superseded

**DISPOSITION:**

Transfer to Archives.

**RETENTION AND DISPOSITION AUTHORIZATION:**

These records are in Archives' permanent custody.

**APPROVED:** 08/1986

**FORMAT MANAGEMENT:**

Paper: Retain in Office until superseded or obsolete and then transfer to State Archives with authority to weed.

**APPRAISAL:**

These records have administrative, and/or historical value(s). Only one copy of the manuals should be kept for its research value. All others should be disposed of when no longer needed.