

Alabama Medicaid Agency

Functional Analysis & Records Disposition Authority

**Revision
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Requirement and Recommendations for Implementing the Records Disposition

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Functional and Organizational Analysis of the Alabama Medicaid Agency

Sources of Information

Alabama Medicaid Agency, Records Retention Committee
Code of Federal Regulations, Title 42 (Public Health), Parts 400--499
Alabama Medicaid Agency Annual Reports
A Guide to Alabama Medicaid
Code of Alabama 1975, Sections 22-6-1 through 22-6-27
Code of Alabama 1975, Sections 22-6-30 through 22-6-42
Code of Alabama 1975, Sections 22-21-293 through 22-21-294
Code of Alabama 1975, Sections 40-26B-40 through 40-26B-47
Code of Alabama 1975, Sections 41-16-27 through 41-16-28
Code of Alabama 1975, Sections 41-22-1 through 41-22-27
Alabama Administrative Code, Chapters 560-X-1 through 560-X-60
Alabama Medicaid Agency Audit Reports
Alabama Government Manual (1994)

Agency Organization

The Alabama Medicaid Agency (hereafter referred to as Medicaid) was created in 1970 as a program unit within the State Department of Public Health. The State made the Medicaid Services Administration a separate agency in 1977. In 1981, it was renamed the Alabama Medicaid Agency.

Medicaid consists of a Commissioner of Medicaid, appointed by the governor, who is responsible to the governor for all of the duties and responsibilities of the office. Currently, there are four deputy commissioners and approximately 524 merit system employees assigned to about 20 operating divisions/offices. An organizational chart is attached.

Medicaid is authorized to contract with a fiscal intermediary, for a period not to exceed five years at one time, to process and pay claims for services from Medicaid providers. The current fiscal intermediary is Electronic Data Systems (EDS).

Agency Function and Subfunctions

The mandated function of the Alabama Medicaid Agency is to plan and administer Title XIX of the Social Security Act, which pays certain medical expenses for needy persons who meet established criteria in such categories as the aged, blind, disabled, and families with dependent children. The Medicaid program is jointly funded through the U.S. Department of Health and

Human Services and the State of Alabama on a ratio based on Alabama's per capita income. Medicaid is one of the state agencies responsible for performing the health and social services subfunction of the Client Services function of Alabama government. In performance of its mandated function, Medicaid may engage in the following subfunctions:

- **Planning for the Administration of the Medicaid Program for the State of Alabama.** All states which are applying for participating in the Medicaid program under Title XIX of the Social Security Act are required to develop and maintain a State Plan for Medical Assistance to guide the program's administration. This subfunction involves, among other activities, the efforts of the Medicaid staff to draft the State Plan for review and approval by the Governor of Alabama and the Health Care Financing Administration (HCFA), U.S. Department of Health and Human Services. Once the State Plan is approved, Medicaid assumes full responsibility for developing operational directives and basic criteria for eligibility determination, the maintenance of health care standards by medical assistance providers, and the coordination of the program with other federal/state agencies.
- **Assuring High Quality Care.** Medicaid is responsible for ensuring that medical care and services provided are of high quality, properly utilized, and based on acceptable professional medical standards, state and federal laws and regulations. The State Plan establishes the requirement for a State Medical Care Advisory Committee to participate with the Medicaid Commissioner in policy development and program administration, including the seeking of recipient participation. Medicaid has also organized a Physician's Task Force to obtain input from physicians and physician type providers regarding identification of problems and possible initiatives that Medicaid might consider to enhance its relationship with providers. In addition, a number of peer review committees may be established as needed to enhance the quality of the services.
- **Certifying and Terminating Applicants for Medicaid Program Benefits.** Medicaid certifies Medicaid eligibility for certain individuals who meet approved criteria through its district offices across the state. Applicants for Medicaid Program benefits are also screened and certified to the Medicaid by the Social Security Administration (for aged, blind, and disabled who are enrolled in the Federal Supplemental Security Income [SSI] Program) and the State Department of Human Resources (for persons approved for cash assistance through the agency). A recipient will lose eligibility if he/she is no longer eligible for SSI, moves permanently outside the State, or if his/her income exceeds the ceiling level for eligibility. In addition, Medicaid may restrict or terminate eligibility in cases of fraud, abuse, or misuse.

To ensure the accuracy of eligibility determinations, Medicaid staff perform quality control reviews of randomly selected samples of Medicaid recipients for possible eligibility determination errors. Findings from these reviews provide the basis for corrective action to reduce erroneous Medicaid payments.

- **Enrolling, Monitoring, and Terminating Providers of Covered Medicaid Services.** Medicaid enrolls providers of covered services and issues provider contracts to new provider applicants who meet the requirements of the Code of Federal Regulations, the licensure and/or certification requirements of the State Department of Public Health, and the Alabama Administrative Code and operating procedures of the Alabama Medicaid Agency.

The agency staff monitor Medicaid expenditures in various program areas through on-site financial audits or review of various cost reports to ensure that only allowable costs are reimbursed to providers.

Medicaid may terminate an existing contract of a provider when the provider has been convicted of fraud or has not provided more than five services to recipients within one year.

- **Processing and Paying Claims Submitted by Medicaid Service Providers.** Medicaid is authorized, under Code of Alabama 1975, Section 22-6-7, to contract with a fiscal agent to process and pay all claims submitted by providers of medical care, services, and equipment authorized under the State Plan. The present fiscal agent contract is with Electronic Data Systems (EDS).
- **Ensuring Program Integrity.** Federal regulations require the State Plan to provide for the establishment and implementation of a statewide surveillance and utilization control program that safeguards against unnecessary or inappropriate utilization of care and services and excess payments. Utilization control is designed to ensure each Medicaid recipient's medical need for admission to a health care program/facility (such as nursing homes, hospitals, etc.). Medicaid staff members are also responsible for detecting fraud and/or abuse through reviewing paid claims histories, conducting field reviews and investigations to determine provider/recipient abuse, deliberate misuse, and suspicion of fraud. When a recipient review indicates a pattern of over or misutilization of Medicaid benefits, the recipient is placed in the Restriction Program, under which the recipient is locked into only one physician and one pharmacy for obtaining health care services. The Utilization Review Committee, an internal committee established under the authority of Code of Alabama 1975, Section 22-6-8, reviews cases of suspected provider/recipient fraud/abuse and recommends appropriate sanctions, such as suspension of eligibility. In addition, cases of suspected recipient fraud may be referred to local law enforcement authorities for prosecution upon completion of investigation. Cases of suspected provider fraud and patient abuse are handled by the Medicaid Fraud Control Unit in the Attorney General's Office for possible prosecution.
- **Administering the Third Party Liability (TPL) Program.** Code of Federal

Regulations, Part 433, Subpart D, requires the Medicaid Agency to develop and implement a Third Party Liability (TPL) Program. TPL Program is designed to ensure that Medicaid pays for medical services only when there is no other source available to pay for a recipient's health care. Medicaid uses a combination of data matches, diagnosis code edits, and referrals from providers, caseworkers, and recipients to identify any possible third party resources. In addition, the TPL Program provides alternative sources of health care coverage for recipients by purchasing Medicare coverage as well as coverage through various health insurance plans when cost effective.

- **Conducting Fair Hearings for Medicaid Benefit Recipients and Service Providers.** Medicaid is obligated to design and maintain a hearing system that meets the requirements of Code of Federal Regulations, Title 42, Section 431, Subpart E. The purpose of the hearing system is to provide a mechanism for dealing with formal complaints filed by individuals or providers of services because a claim for medical assistance or payment for services is denied or is not acted upon with reasonable promptness. The Medicaid Commissioner may appoint one or more hearing officers to conduct fair hearings and submit findings/recommendations to the Commissioner for final decision. In general, complaints concerning eligibility matters are referred to the appropriate agency which made the eligibility determination for a hearing.
- **Educating the Public and Medicaid Eligibles.** One of the major responsibilities of Medicaid is to educate the public and Medicaid eligibles, through health education and other public relations activities, in making informed decisions regarding their health care needs. This subfunction encompasses all activities performed by the agency staff to promote public awareness about various health care services or programs available under Medicaid.
- **Administering Internal Operations.** A significant portion of the agency's work includes general administrative, financial, and personnel activities performed to support the programmatic areas of the agency.

Managing the Agency: Activities involved in managing the agency may include internal office management activities such as corresponding and communicating; scheduling; meeting; creating policy and procedures; reporting; litigating; drafting, promoting, or tracking legislation; publicizing and providing information; managing records; and managing information systems and technology.

Managing Finances: Activities involved in managing finances may include the following: budgeting (preparing and reviewing the budget package, submitting the budget package to the Department of Finance, documenting amendments and performance of the budget); purchasing (requisitioning and purchasing supplies and equipment, receipting and invoicing for goods, and authorizing payment for products received); accounting for

the expenditure, encumbrance, disbursement, and reconciliation of funds within the agency's budget through a uniform system of accounting and reporting; authorizing travel; contracting with companies or individuals; bidding for products and services; and assisting in the audit process.

Managing Human Resources: Activities involved in managing human resources may include the following: recruiting and hiring eligible individuals to fill vacant positions within the agency; providing compensation and benefits to employees; supervising employees (evaluating performance, disciplining, granting leave, and monitoring the accumulation of leave); and providing training and continuing education for employees.

Managing Properties, Facilities, and Resources: Activities involved in managing properties, facilities, and resources may include the following: inventorying and accounting for non-consumable property and reporting property information to the appropriate authority; constructing buildings and facilities; leasing and/or renting offices or facilities; providing for security and/or insurance for property; and assigning, inspecting, and maintaining agency property, including vehicles.

Analysis of Record Keeping System and Records Appraisal of the Alabama Medicaid Agency

Agency Record Keeping System

Medicaid's record keeping system consists of paper, microfilm/microfiche, and electronic records. The agency's data communication network consists of an AS/400 mini computer, approximately 300 personal computers, and the State Data Center. Both the computer system and all applications are backed up weekly on cartridges. Back-up cartridges are transferred to the Department of Transportation for storage.

Mandated by federal law, Medicaid installed in 1978 the Medicaid Management Information System (MMIS), a mechanized claims processing and information retrieval system, to keep track of the state's Medicaid program expenditures, provider/recipient data, and to provide various reports for the agency staff to monitor the pulse of the program. MMIS is organized into the following six (6) interrelated subsystems: Recipient; Provider; Reference File; Claims Processing; Management and Administrative Reporting (MARS); and Surveillance and Utilization Review (SURS).

All of those subsystems serve three major purposes: (1) data collection for Medicaid eligibles and providers; (2) claims processing -- claims are received from providers either electronically on magnetic tape, floppy diskettes, or paper. Claims information is entered into the Claims Processing Subsystem. A claim image is produced from electronic claims while paper claims are imaged by the agency's fiscal agent (presently the Electronic Data Systems [EDS]); (3) monitoring, control, and reporting -- Claims are imaged and stored on COLD (Computer Output to Laser Disk) and are accessible on line through FEITH software.

The fiscal agent is responsible for performing most of MMIS's core functions including the receipt of provider claims, data input into the system's claim database, and production of reports at request of the agency staff. Medicaid staff oversees the daily operations of MMIS, system development, and monitoring the fiscal agent.

Records Appraisal

The following is a discussion of the two major categories of records created and/or maintained by Medicaid: Temporary Records and Permanent Records.

I. Temporary Records. Temporary records should be held for what is considered to be their active life and disposed of once all fiscal, legal, and administrative requirements have been met. Some of the temporary records created by the agency are discussed below:

- **Agency-Based Voter Registration Applications (Declined).** Any state agency that

provides public assistance to the public is required, under the National Voter Registration Act of 1993, to distribute copies of the Agency-Based Registration Application to applicants/ recipients and maintain these forms if recipients refused to register. These declined forms should be kept for 2 years as mandated by the same act (PL 103-31).

- **Medicaid Planning and Analysis Reports.** These periodic reports, produced by Medicaid fiscal agent on microfiche, are used by the agency's staff in developing, among other things, expenditure, eligible, and recipient projections for the purpose of strategic planning, Medicaid program-related decision-making or initiatives. Although there is a 3-year federal retention requirement (45 CFR 74.21) for these records, the agency staff keep some of these reports for a longer retention because of research and analysis needs.
- **Closed/Inactive Eligibility Certification Files.** Medicaid staff create and maintain Medicaid benefit eligibility files for individuals not certified by the Social Security Administration or the State Department of Human Resources. These files may become closed if the recipient is deceased while on Medicaid or may become inactive if the recipient is terminated from the Medicaid program for reason other than death. The closed/inactive files are kept for the purpose of audit review.
- **Medicaid Service Provider Claims/Electronic Media Claims (EMC).** All Medicaid contracted service providers may file their claims for reimbursement either in paper form or electronically with the Medicaid fiscal agent. The retention of these records is governed by Code of Alabama 1975, Section 6-2-34, which mandates a six-year statute of limitations for any actions to recover money. Information contained in the claims may be needed as supporting documentation in the event of litigation.
- **Medicaid Provider Audit Files.** Medicaid staff members conduct regular financial audits on contracted health care providers (such as nursing homes, hospitals, and waiver services) to ensure that only allowable costs are reimbursed. These records are created to document the audit process and findings. They are maintained as a reference for subsequent provider audits. Medicaid also retains these files for long-term because they may be utilized by the Office of the Attorney General in establishing patterns of operation that could indicate possible fraud for prosecution.
- **Utilization Review Committee Files.** The Utilization Review Committee is established under the authority of Code of Alabama 1975, Section 22-6-8, to review cases of suspected provider/recipient fraud or abuse and recommend appropriate sanctions, such as restriction of recipient's freedom of choice for service and suspension of eligibility. Included in these files are committee meeting agendas, minutes, duplicate copies of investigation reports, memorandum, and correspondence. Most of the files are restricted by law under 42 CFR 431.306(b). Statistical information on this subfunction is available in the agency's annual report.

II. Permanent Records. The Government Records Division recommends the following records

as permanent.

Planning for the Administration of the Medicaid Program for the State of Alabama:

- **State Plan for Medical Assistance Files.** The State Plan and its accompanying documents, such as amendments, are a comprehensive statement prepared by Medicaid describing the nature and scope of the state's Medicaid program and giving assurance that the program will be administered in compliance with specific requirements and guidelines stipulated in the pertinent title of the Social Security Act. The State Plan contains all descriptive narrative necessary for the Health Care Financing Administration (HCFA) to determine whether the state's Medicaid program is eligible for participation. The State Plan is amended based on federal mandates and changes of the state's Medicaid program. Included in these files are original State Plan, new amendments, superseded pages, correspondence between Medicaid and HCFA regarding the State Plan and its amendments, staff notes, and general background materials. The files have archival value because they document a complete history of the Alabama Medicaid program from its inception.
- **Executive/Senior Staff Meeting Minutes.** These records document the agenda and minutes of meetings attended by the Medicaid Commissioner, deputy commissioners, and division directors. They are valuable in documenting policy development and the decision-making process.
- **Governor's Task Force on Medicaid Files.** This Governor's Task Force was established in January 1997 by the executive order of Governor Fob James, Jr. to "examine the state Medicaid program and to recommend measures for improvement in all necessary areas, particularly sources of funding, and provider reimbursement methodologies, legislative changes, and methods for increasing efficiency." These files consist of copies of the executive order, meeting minutes of the Task Force, and three finding reports submitted by the following sub-committees: Hospital/Inpatient; Pharmacy; and Nursing Homes. They reflect the state's efforts in addressing the financial difficulties of the Alabama Medicaid program and developing possible long-term solutions to these difficulties. The Task Force expired at the end of July 1997.

Assuring High Quality Care:

- **Meeting Minutes of the Medical Care Advisory Committee.** Mandated by Code of Federal Regulations, Title 42, Part 431.12, a Medical Care Advisory Committee is established to advise the Medicaid Agency about health and medical care services. The Committee, composed of representatives of Medicaid service providers and consumer groups (recipients), meets quarterly to advise the Medicaid Commissioner on medical assistance matters. These minutes document the role of this committee in policy development and program administration.

- **Meeting Minutes of the Physicians Task Force.** Medicaid established in 1990 a Physician's Task Force to obtain input from physicians and dentists enrolled in the Medicaid program as providers concerning problems of Medicaid service or possible initiatives Medicaid might consider to enhance its relationship with providers. In addition to representatives from physicians and dentists, the State Health Officer and the Executive Director of the Medical Association of the State of Alabama are ex-officio members of this committee. These records document the discussions of the committee at its quarterly meetings. Concerns for claim processing, scope of benefit coverage, and cost-saving matters are among the subjects brought before this committee for consideration.

Certifying and Terminating Applications for Medicaid Program Benefits:

The agency currently creates no permanent records under this subfunction. Statistical data is available in the agency's annual report.

Enrolling, Monitoring and Terminating Providers for Covered Medicaid Services:

The agency currently creates no permanent records under this subfunction.

Ensuring Program Integrity:

The agency currently creates no specific permanent records under this subfunction.

Administering the Third Party Liability (TPL) Program:

The agency currently creates no permanent records under this subfunction.

Conducting Fair Hearings for Medicaid Benefit Recipients and Service Providers:

The agency currently creates no specific permanent records under this subfunction.

Educating Public and Medicaid Eligibles:

- **Audiovisual Presentations.** These audiovisual presentations are produced by the agency staff or contracted vendors to promote public understanding and utilization of Medicaid services. Included are video tapes, audio tapes, and slides.
- **Speeches.** These are statements of the agency's top managers prepared for delivery at meetings, interviews, conventions, or other public functions to advertise and promote Medicaid services.
- **News Releases.** This series consists of statements or announcements concerning the agency and its programs issued for distribution to the news media and the public.

Included are copies of news releases, published articles, typescripts of broadcast announcements, and other background data relative to the subject of the news release.

- **Informational and Promotional Publications.** This series consists of publications of the agency, such as the Medicaid Annual Report, A Guide to Alabama Medicaid, and other program brochures, posters issued in print that are distributed for promotional and public relations purposes.

Administering Internal Operations:

The agency currently creates no permanent records under this subfunction.

Alabama Medicaid Agency Records Disposition Authority

This Records Disposition Authority (RDA) is issued by the State Records Commission under the authority granted by the Code of Alabama 1975, Sections 41-13-5 and 41-13-20 through 21. It was compiled by the Government Records Division, Alabama Department of Archives and History (ADAH), which serves as the commission's staff, in cooperation with the staff of the Alabama Medicaid Agency. The RDA lists records created and maintained by the Alabama Medicaid Agency in carrying out its mandated functions and activities. It establishes retention periods and disposition instructions for those records and provides the legal authority for the agency to implement records destruction.

Alabama law requires public officials to create and maintain records that document the business of their offices. These records must be protected from "mutilation, loss, or destruction," so that they may be transferred to an official's successor in office and made available to members of the public. Records must also be kept in accordance with auditing standards approved by the Examiners of Public Accounts (Code of Alabama 1975, Sections 36-12-2, 36-12-4, and 41-5-23). For assistance in implementing this RDA, or for advice on records disposition or other records management concerns, contact the ADAH Government Records Division at (334) 242-4452.

Explanation of Records Requirements

- This RDA supersedes any previous records disposition schedules governing the retention of the Alabama Medicaid Agency's records. Copies of superseded schedules are no longer valid and should be discarded.
- The RDA establishes retention and disposition instructions for records listed below, regardless of the medium on which those records may be kept. Electronic mail, for example, is a communications tool that may record permanent or temporary information. As for records in any other format, the retention periods for e-mail records are governed by the requirements of the subfunctions to which the records belong.
- Some temporary records listed under the Administering Internal Operations subfunction of this RDA represent duplicate copies of records listed for long-term or permanent retention in the RDAs of other agencies.
- Certain records and record-related materials need not be retained as records under the disposition requirements in this RDA. Such materials include: (1) duplicate record copies that do not require official action, so long as the creating office maintains the original record for the period required; (2) catalogs, trade journals, and other publications received that require no action and do not document government activities; (3) stocks of blank stationery, blank forms, or other surplus materials that are not subject to audit and have become obsolete; (4) transitory records, which are temporary records created for short-term internal purposes that may include, but are not limited to: telephone call-back

messages; drafts of ordinary documents not needed for their evidential value; copies of material sent for information purposes but not needed by the receiving office for future business; and internal communications about social activities. They may be disposed of without documentation of destruction.

Records Disposition Requirements

This section of the RDA is arranged by subfunctions of the Alabama Medicaid Agency and lists the groups of records created and/or maintained by the agency as a result of activities and transactions performed in carrying out these subfunctions. The agency may submit requests to revise specific records disposition requirements to the State Records Commission for consideration at its regular quarterly meetings.

■ **Planning for the administration of the Medicaid Program for the State of Alabama**

STATE PLAN FOR MEDICAL ASSISTANCE FILES

Disposition: PERMANENT RECORD.

GOVERNOR'S TASK FORCE ON MEDICAID FILES

Disposition: PERMANENT RECORD.

EXECUTIVE/SENIOR STAFF MEETING MINUTES

Disposition: PERMANENT RECORD.

Medicaid Planning and Analysis Reports

Disposition: Temporary Record. Retain for 3 years after submission of the final expenditure report for the funding period or until no longer useful, whichever is longer.

■ **Assuring High Quality Care**

MEETING MINUTES OF THE MEDICAL CARE ADVISORY COMMITTEE

Disposition: PERMANENT RECORD.

MEETING MINUTES OF THE PHYSICIAN'S TASK FORCE

Disposition: PERMANENT RECORD.

■ **Certifying and Terminating Applicants for Medicaid Program Benefits**

Closed/Inactive Eligibility Certification Files

Disposition: Temporary Record. Retain 3 years after the end of the year in which the record was closed or became inactive.

Agency-Based Voter Registration Applications (Declined)

Disposition: Temporary Record. Retain 2 years after the end of the year in which the records were created.

Income Eligibility Verification System (IEVS) Records

(Cross match of the Internal Revenue Service files with Medicaid recipient eligibility files)

Logs documenting the receipt, distribution, and destruction of Federal Tax Information / Tax Returns

Disposition: Temporary Record. Retain 5 years.

Federal Tax Information / Tax Returns (copies)

Disposition: Temporary Record. Retain until no longer useful.

Income Eligibility Verification System (IEVS) Records

Logs documenting the receipt, distribution, and destruction of Federal Tax Information / Tax Returns

Disposition: Temporary Record. Retain 5 years.

Federal Tax Information / Tax Returns (copies)

Disposition: Temporary Record. Retain until no longer useful.

Semiannual Medicaid Eligibility Quality Control Error Reports

Disposition: Temporary Record. Retain 3 years after submission of final expenditure report for the funding period.

Records documenting procedures used by Medicaid staff in the selection of random samples of Medicaid applicant/recipient eligibility files and the review of approved/denied/terminated Medicaid recipient eligibility files for possible eligibility errors.

Disposition: Temporary Record. Retain 3 years after submission of the Semiannual Medicaid Eligibility Quality Control Error Report.

■ **Enrolling, Monitoring, and Terminating Providers of Covered Medicaid Services**

Provider Contracts

Disposition: Temporary Record. Retain 6 years after the end of the fiscal year in which the last transaction occurred.

Medicaid Provider Reference Files

(records documenting various information/data about Medicaid service providers, such as listings of providers by institution, provider number, and specialty. They are created and updated regularly for reference and other program administration needs)

Disposition: Temporary Record. Retain until superseded or no longer useful, whichever is

longer.

Prior Authorization Files

Disposition: Temporary Record. Retain 3 years after the end of the year in which the prior authorization is approved.

Medicaid Provider Audit and Rate Setting Files

Disposition: Temporary Record. Retain 10 years after the completion of the audit.

■ **Processing and Paying Claims Submitted by Medicaid Service Providers**

Medicaid Service Provider Claims/Electronic Media Claims (EMC)

Disposition: Temporary Record. Retain 6 years after the end of the fiscal year in which the last transaction occurred.

Management and Administrative Reporting Subsystem (MARS) Reports

Disposition: Temporary Record. Retain for 3 years after submission of the final expenditure report for the funding period.

Biweekly Explanation of Payment (EOP) Reports

Disposition: Temporary Record. Retain for 6 years after submission of the final expenditure report for the funding period.

Fiscal Agent Special Project Files

Disposition: Temporary Record. Retain for 6 years after submission of the final expenditure report for the funding period.

Records documenting works performed by the agency's fiscal agent in verifying/reconciling the correctness of paid/denied/adjusted claims, claim processing system, bank account statements, and other related functions

Disposition: Temporary Record. Retain for 3 years after submission of the final expenditure report for the funding period.

■ **Ensuring Program Integrity**

Utilization Review Committee Files

Disposition: Temporary Record. Retain for useful life.

Medicaid Recipient Surveillance and Utilization Review Files

Disposition: Temporary Record. Retain 7 years.

Medicaid Provider Surveillance and Utilization Review Files

Disposition: Temporary Record. Retain 3 years after the year of creation

Medicaid Fraud Investigation Records

Disposition: Temporary Record. Retain 4 years after case is closed.

Utilization Control Records

(records documenting the review and approval/denial of Medicaid recipients' medical eligibility for admission to or continued stay in a health care program/facility [such as nursing homes, hospitals, etc.]

Disposition: Temporary Record. Retain 3 years after the denial or the death/discharge of the approved recipient.

Medicaid Recipient Benefit Verification Files

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Health Care Facility Inspection and Review Records

(records documenting periodic onsite utilization inspections/review of certain Medicaid health care provider facilities by the agency staff as mandated by federal regulations)

Disposition: Temporary Record. Retain 3 years after submission of final expenditure report for the funding period.

Surveillance and Utilization Review Subsystem (SURS) Reports

Disposition: Temporary Record. Retain 3 years after submission of final expenditure report for the funding period.

■ **Administering the Third Party Liability (TPL) Program**

Closed Third Party Recoupment Case Files

Disposition: Temporary Record. Retain closed files 3 years after submission of final expenditure report for the funding period.

Records documenting other works relating to the administration of the Third Party Liability Program, such as data match/exchange reports, etc.

Disposition: Temporary Record. Retain 3 years after submission of final expenditure report for the funding period.

■ **Conducting Fair Hearings for Medicaid Benefit Recipients and Service Providers**

Administrative Hearing Files

Disposition: Temporary Record. Retain 5 years after the final decision.

Legal Case Files

Disposition: Temporary Record. Retain 6 years after the case is closed.

■ **Educating Public and Medicaid Eligibles**

AUDIOVISUAL PRESENTATIONS
Disposition: PERMANENT RECORD.

SPEECHES
Disposition: PERMANENT RECORD.

NEWS RELEASES
Disposition: PERMANENT RECORD.

INFORMATIONAL AND PROMOTIONAL PUBLICATIONS
Disposition: PERMANENT RECORD.

Medicaid Agency Newsletters
Disposition: Temporary Record. Retain 2 year.

Photo Release Authorizations
Disposition: Temporary Record. Retain for useful life.

Still Photographs
Disposition: Temporary Record. Retain for useful life.

Printing Service Records
Disposition: Temporary Record.
Printing Service Requests: Retain until completion of one audit and the release of the audit report.
Camera-Readies, Negatives, and Plates: Retain for useful life.

■ **Administering Internal Operations**

Managing the Agency:
Program/System Procedural Manuals
Disposition: Temporary Record. Retain for useful life.

Legal Opinions
Disposition: Temporary Record. Retain 6 years.

Administrative Procedures Rule Filings
Disposition: Temporary Record. Retain for useful life.
Agency Declaratory Rulings
Disposition: Temporary Record. Retain for useful life.

Agency Legislation Tracking Files
Disposition: Temporary Record. Retain 5 years.

Internal Committee Meeting Files

Disposition: Temporary Record. Retain for useful life.

Program/Division Periodic Activity Reports

Disposition: Temporary Record. Retain for useful life.

Correspondence / Memoranda

Disposition: Temporary Record. Retain 3 years.

Senior Staff Telephone Logs

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Senior Staff Reminder Engagement Books

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created

Division/Office Subject Files

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created

Periodic Program Management Reports

Disposition: Temporary Record.

If final end-of-the-year reports are generated: Retain the final report for one audit and the release of the audit report.

If no final end-of-the-year reports are generated: Retain all reports for one audit and the release of the audit report.

Administrative Reference Files

Disposition: Temporary Record. Retain for useful life.

Postal Service Permit and Pickup Records

Disposition: Temporary Record. Retain until completion of two audits and the release of the audit reports.

Visitors Log Books

Disposition: Temporary Record. Retain 1 year after last entry.

Records documenting the implementation of the agency's approved RDA, including copies of transmittals for records transferred to the State Records Center and records transferred to the Department of Archives and History, and the board's annual reports to the State Records Commission.

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Copies of RDA

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the RDA is superseded.

System documentation (hardware/ software manuals and diskettes, warranties, Y2K records)

Disposition: Temporary Record. Retain documentation of former system 3 years after the end of the fiscal year in which the former hardware and software no longer exists in the agency and all permanent records have been migrated to a new system.

Mailroom Shipping Records

Disposition: Temporary Records. Retain 3 years after the end of the fiscal year in which the records were created.

Managing Finances:

Records documenting the preparation of a budget package and reporting of the status of funds, requesting amendments of allotments, and reporting program performance

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Records documenting the requisitioning and purchasing of supplies and equipment, receipting and invoicing for goods, and authorizing payment for products

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Records of original entry - journals, registers, and ledgers - and funds deposited outside the State Treasury, such as bank statements.

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Records documenting the application for, award of, receipt of, disbursement of and reporting of expenditure of federal funds received.

Disposition: Temporary Record. Retain 6 years after submission of the final expenditure report.

Records documenting requests for authorization from supervisors to travel on official business either within or outside the state, and other related materials, such as travel reimbursement forms

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Contractual records established for the purpose of services or personal property

Disposition: Temporary Record. Retain 6 years after expiration of the contract.

Records documenting the bid process, including requests for proposals and unsuccessful responses

Disposition: Retain in office (Code of Alabama 1975, Sections 41-16-20 to 41-16-24)

Agency Audit Reports

Disposition: Temporary Record. Retain 6 years after the end of the fiscal year in which the records were created.

Returned Checks/Vouchers

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created

Managing Human Resources:

Job recruitment materials

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Records documenting salary and wages

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Records documenting payroll deductions for tax purposes

Disposition: Temporary Record. Retain 3 years after the end of the year in which the records were created.

Payroll Deduction Authorizations

Disposition: Temporary Record. Retain 6 years after separation of employee from the agency.

Records documenting employee hours worked, leave earned, and leave taken

Disposition: Temporary Record. Retain 50 years.

Records documenting sick leave donations

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Records of final leave status (generally recorded on the form 11)

Disposition: Temporary Record. Retain 6 years after separation of employee from the agency.

Records documenting the administration of the unemployment compensation program

Disposition: Temporary Record. Retain 5 years.

Records documenting the worker's compensation program

Disposition: Temporary Record. Retain 12 years.

Records documenting the State Employee Injury Compensation Trust Fund claims

Disposition: Temporary Record. Retain 35 years.

Equal Employment Opportunity Commission Case Files

Disposition: Temporary Record. Retain 5 years after the final disposition of the case.

Records documenting an employee's work history - generally maintained as a case file

Disposition: Temporary Record. Retain 6 years after separation of employee from the agency.

Records documenting employees' daily / weekly work schedules and activities

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Records documenting position classifications

Disposition: Temporary Record. Retain 4 years after reclassification of position.

Records documenting the employee appeal to the Personnel Board of formal reprimands, demotions, transfers, or terminations

Disposition: Temporary Record. Retain 5 years.

Managing Properties, Facilities, and Resources:

Records documenting the conduct of the semiannual property inventories

Disposition: Retain in office. (Code of Alabama 1975, Section 36-16-8 [1]).

Agency Copies of Transfer of State Property Forms (SD-1)

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Inventory Cards and/or Computer Files

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the items were removed from inventory.

Property Inventory Affidavits

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Receipts of Responsibility for Property

Disposition: Temporary Record. Retain until return of item to property manager.

Leasing/Renting Property Files

Disposition: Temporary Record. Retain 6 years after expiration of the lease.

Housekeeping and Maintenance Records

Disposition: Temporary Record. Retain 3 years.

Insurance Policies

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the policy is superseded.

Department Vehicle Maintenance Files

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the vehicle

is sold.

Medicaid Motor Vehicle Usage Forms

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Medicaid Motor Pool Dispatch Logs

Disposition: Temporary Record. Retain 1 year after the date of the last entry.

Requirement and Recommendations for Implementing the Records Disposition Authority

Under the Code of Alabama 1975, Section 41-13-21, “no state officer or agency head shall cause any state record to be destroyed or otherwise disposed of without first obtaining approval of the State Records Commission.” This Records Disposition Authority constitutes authorization by the State Records Commission for the disposition of the records of the Alabama Medicaid Agency (hereafter referred to as the agency) as stipulated in this document.

One condition of this authorization is that the agency submit an annual Records Disposition Authority (RDA) Implementation Report on agency records management activities, including documentation of records destruction, to the State Records Commission in July of each year. In addition, the agency should make every effort to establish and maintain a quality record-keeping program through the following activities:

- The agency should designate a records liaison, who is responsible for: ensuring the development of quality record keeping systems that meet the business and legal needs of the agency, coordinating the transfer and destruction of records, ensuring that permanent records held on alternative storage media (such as microforms and digital imaging systems) are maintained in compliance with national and state standards, and ensuring the regular implementation of the agency’s approved RDA.
- Permanent records in the agency’s custody should be maintained under proper intellectual control and in an environment that will ensure their physical order and preservation.
- Destruction of temporary records, as authorized in this RDA, should occur agency--wide on a regular basis—for example, after the successful completion of an audit, at the end of an administration, or at the end of a fiscal year. Despite the RDA’s provisions, no record should be destroyed that is necessary to comply with requirements of the state Sunset Act, audit requirements, or any legal notice or subpoena.
- The agency should maintain full documentation of any computerized record-keeping system it employs. It should develop procedures for: (1) backing up all permanent records held in electronic format; (2) storing a back-up copy off-site; and (3) migrating all permanent records when the system is upgraded or replaced. If the agency chooses to maintain permanent records solely in electronic format, it is committed to funding any system upgrades and migration strategies necessary to ensure the records’ permanent preservation and

accessibility.

The staff of the State Records Commission may examine the condition of the permanent records maintained in the custody of the agency and inspect records destruction documentation. Government Records Division archivists are available to instruct the agency staff in RDA implementation and otherwise assist the agency in implementing its records management program.

The State Records Commission adopted this records disposition authority on October 24, 2003.

Edwin C. Bridges, Chairman, by Tracey Berezansky
State Records Commission

Date

Receipt acknowledged:

Carol Herrmann, Commissioner
Alabama Medicaid Agency

Date