<table>
<thead>
<tr>
<th>TITLE: Compliance Review Files</th>
<th>CUTOFF: EOSFY in which review is completed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION: A means by which a provider’s claims are reviewed by the state consultant prior to payment to determine if charges are reasonable and appropriate. The consultant monitors all claims submitted by the provider for services rendered to MO HealthNet-eligible participants and payment is denied for all incorrectly billed services. Records may include, but are not limited to state audit samples and payment error rate measurements. Records kept per 42 CFR part 493 and 405.1868.</td>
<td>RETENTION: Years: 7 Months: 0 Days: 0</td>
</tr>
<tr>
<td>NOTES: Three years with division; four years records center.</td>
<td>DISPOSITION ACTION: Destroy</td>
</tr>
<tr>
<td>SERIES: 23765</td>
<td>SERIES STATUS: Approved</td>
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</table>

<table>
<thead>
<tr>
<th>TITLE: Home and Community Services Provider/Vendor Contract Files</th>
<th>CUTOFF: End of Calendar Year in which Proposal is Denied or a Contract is Terminated</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION: Records created by the contract unit to track all proposals and participation agreements for In-Home Services, Consumer Directed Services, Adult Day Health Care and Counseling. Records may include, but are not limited to reports on providers and vendors, copies of license information for providers and vendors and legal correspondence.</td>
<td>RETENTION: Years: 10 Months: 0 Days: 0</td>
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<tr>
<td>NOTES:</td>
<td>DISPOSITION ACTION: Destroy</td>
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<tr>
<td>SERIES: 23283</td>
<td>SERIES STATUS: Approved</td>
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<tr>
<td>TITLE:</td>
<td>Investigation Reports</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>DESCRIPTION:</td>
<td>The Investigations Group is responsible for receiving and investigating allegations of Missouri Medicaid Title XIX program fraud against both providers and participants from multiple sources. Records include, but are not limited to official investigation reports, documents, attachments and information deemed necessary to complete an investigation. Records kept per 42 CFR part 489.53 and 489.24.</td>
</tr>
<tr>
<td>NOTES:</td>
<td>Two years with division; eight years records center.</td>
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<tr>
<td>SERIES:</td>
<td>23770</td>
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<table>
<thead>
<tr>
<th>TITLE:</th>
<th>Nursing Home Certification File</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION:</td>
<td>Nursing Home provider enrollment forms including applications, certification and transmittal and correspondence which are submitted by Nursing Home providers</td>
</tr>
<tr>
<td>CUTOFF:</td>
<td>end of each fiscal year. Records kept 2 years in-house, 5 years records center</td>
</tr>
<tr>
<td>RETENTION:</td>
<td>Years: 5 Months: 0 Days: 0</td>
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<tr>
<td>NOTES:</td>
<td>This series was moved to MMAC from MoHealth Net on 6/23/2017</td>
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<td>DISPOSITION ACTION:</td>
<td>Destroy</td>
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<tr>
<td>SERIES:</td>
<td>18730</td>
</tr>
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</table>
### Participant Lock-In Group Files

**DESCRIPTION:** The Participant Lock-In Group is responsible for reviewing and monitoring statewide utilization and program compliance of Medicaid fee-for-services participants. The Group conducts reviews of participant activity regarding the number of physicians and pharmacies visited to determine whether the probability of fraud, waste and abuse exits. The Group is responsible for referring suspected participant fraud cases to the Missouri Medicaid Audit and Compliance Investigations Group for further and full investigation. Records include, but are not be limited to case reviews of recipients who are suspected of abusing their Medicaid privileges. Records kept per 42 CFR part 431.54 (3)(e).

**NOTES:** Two years with division; five years records center.

**DISPOSITION ACTION:** Destroy

<table>
<thead>
<tr>
<th>SERIES</th>
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<tbody>
<tr>
<td>23767</td>
<td>Approved</td>
<td>11/13/2013</td>
</tr>
</tbody>
</table>

### Participation Agreements with Providers

**DESCRIPTION:** The Provider Enrollment Group screens all provider applications to determine if there is a history of provider sanctions, fraud, previous professional licensing sanctions or terminations, previous termination as a Medicare or Medicaid provider, and whether the provider is in compliance with federal and state laws and regulations required to become a Medicaid Title XIX provider. Records include, but are not limited to provider enrollment forms, applications and correspondence which are submitted by all medical service providers. Records kept per 42 CFR part 424.515.

**NOTES:** Two years with division; five years records center.

**DISPOSITION ACTION:** Destroy

<table>
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<th>SERIES</th>
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<th>APPROVAL DATE</th>
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<td>23766</td>
<td>Approved</td>
<td>11/13/2013</td>
</tr>
<tr>
<td>TITLE: Provider Review Files</td>
<td>CUTOFF: EOSFY in which review is completed.</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------</td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION: The Provider Review Group conducts post-payment reviews and researches complaints. Records may include, but are not limited to educational letters, recovery of improperly paid funds, requests for a corrective action plan, provider case reviews, special project reviews and correspondence/complaint reviews used to monitor utilization and program compliance providers, hospital, and utilization review plans. Following a review, the Group may issue provider sanctions in accordance with applicable federal and state laws and regulations. Records kept per 42 CFR part 405.1885 - 1889.</td>
<td>RETENTION: Years: 7 Months: 0 Days: 0</td>
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</tr>
<tr>
<td>NOTES: Two Years with division; five years records center.</td>
<td>DISPOSITION ACTION: Destroy</td>
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<td>SERIES: 23764</td>
<td>SERIES STATUS: Approved</td>
<td>APPROVAL DATE: 11/13/2013</td>
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<thead>
<tr>
<th>TITLE: Quality Assurance Provider/Vendor Files</th>
<th>CUTOFF: End of Calendar Year in which Provider/Vendor Meets Agency Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION: Records include worksheets and forms filled out by quality assurance specialists to audit the quality of a provider or vendor. These are created to document site visits and/or provider or vendor complaints.</td>
<td>RETENTION: Years: 7 Months: 0 Days: 0</td>
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<tr>
<td>NOTES:</td>
<td>DISPOSITION ACTION: Destroy</td>
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<tr>
<td>SERIES: 23282</td>
<td>SERIES STATUS: Approved</td>
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### Recovery Audit Contractor Records

**DESCRIPTION:** The Recovery Audit Contractor reviews provider claims for covered items and services to identify potential payment errors, such as duplicate payments, mistakes by fiscal intermediaries, and incorrect coding. The audits include reviews of medical records to determine medical necessity and to identify coding errors and requested information from providers who have submitted questionable claims. May include information that goes to the Administrative Hearing Commission. Records kept per 42 CFR part 405 subpart C.

**NOTES:** Three years with division; four years records center.

**RETENTION:** Years: 7 Months: 0 Days: 0

**CUTOFF:** EOSFY in which audit and litigation completed.

**DISPOSITION ACTION:** Destroy

**SERIES:** 23768

**SERIES STATUS:** Approved

**APPROVAL DATE:** 11/13/2013