

REQUEST FOR RECORDS DISPOSITION AUTHORITY		JOB NUMBER 71-440-01-1	
To: NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR) WASHINGTON, DC 20408		DATE RECEIVED 9-11-00	
1. FROM (Agency or establishment) Health Care Financing Administration		NOTIFICATION TO AGENCY In accordance with the provisions of 44 U.S.C. 3303a, the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.	
2. MAJOR SUBDIVISION Office of Financial Management (Kathryn Cox, (410) 786-5954			
3. MINOR SUBDIVISION			
4. NAME OF PERSON WITH WHOM TO CONFER Vickie Robey	5. TELEPHONE (410) 786-7883	DATE 8-27-01	ARCHIVIST OF THE UNITED STATES <i>John W. Paul</i>
6. AGENCY CERTIFICATION I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached <u>2</u> page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO manual for Guidance of Federal Agencies, <input checked="" type="checkbox"/> is not required; <input type="checkbox"/> is attached; or <input type="checkbox"/> has been requested.			
DATE AUG 24 2000	SIGNATURE OF AGENCY REPRESENTATIVE <i>Prudence Barnes, Sr.</i>		TITLE DHHS Records Management Officer

7. Item No.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
1	<p><u>Provider/Supplier and Durable Medical Equipment Supplier Application</u></p> <p>Documents relating to the enrollment of providers and suppliers into the Medicare program. These include but are not limited to the HCFA 855 enrollment forms (OMB Approval No. 0938-0685) and all supporting documents. Also included are attachments that would be submitted with the application. These include but are not limited to copy(s) of: Federal, State and/or local (city/county) professional licenses, certifications and/or registrations; Federal, State, and/or local (city/county) business licenses, certification and/or registrations; professional school degrees or certificates or evidence of qualifying course work; curriculum vitae/resumes; CLIA certificates and FDA mammography certificates; controlled substances registrations from the Drug Enforcement Agency; Central Office letter issuing an indirect billing number to a managed care organization or plan.</p> <p style="text-align:right;"><i>cc: HOME 8/30/01</i></p>		

7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
<p>1</p> <p>1a</p> <p>1b</p> <p>1c</p> <p>1d</p> <p>1e</p> <p>1f</p>	<p>Provider/Supplier and Durable Medical Equipment Supplier Application</p> <p>Unprocessed applications as a result of provider/supplier failing to provide additional information.</p> <p>Disposition: Destroy 7 years after date of cutoff.</p> <p>Approved applications of provider/supplier.</p> <p>Disposition: Destroy 15 years after the provider/supplier's enrollment has ended.</p> <p>Denied applications of provider/supplier.</p> <p>Disposition: Destroy 15 years after date of denial.</p> <p>Approved application of provider/supplier, but subsequently, the billing number has been revoked.</p> <p>Disposition: Destroy 15 years after the billing number is revoked.</p> <p>Voluntary deactivation of billing number.</p> <p>Disposition: Destroy 15 years after deactivation.</p> <p>Provider/supplier dies.</p> <p>Disposition: Destroy 7 years after date of death.</p>	<p>Superseded by: DAA-0440-2015-0008-0001 DATE (MM/DD/YYYY): 7/25/2017</p>	<p></p>
<p>2</p> <p>2a</p> <p>2b</p>	<p>Electronic Mail and Word Processing System Copies</p> <p>Copies that have no further administrative value after the recordkeeping copy is made. Includes copies maintained by individuals in personal files, personal electronic mail directories, or other personal directories on hard disk or network drives, and copies on shared network drives that are used only to produce the recordkeeping copy.</p> <p>Disposition: DELETE within 180 days after the recordkeeping copy has been produced.</p> <p>Copies used for dissemination, revision or updating that are maintained in addition to the recordkeeping copy.</p> <p>Disposition: DELETE when dissemination, revision, or updating is complete.</p>	<p>Superseded by: DAA-GRS-2017-0003-0001 DATE (MM/DD/YYYY): 5/31/2017</p>	<p></p>

7. Item No.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
2	<p>HCFA Contractors</p> <p>A) Application not processed because applicant failed to provide additional information -- Destroy when 7 years old.</p> <p>B) Application is approved -- Destroy 15 years after the provider's enrollment has ended.</p> <p>C) Application is denied -- Destroy 15 years after the denial.</p> <p>D) Application is approved, but subsequently, the billing number is revoked -- Destroy 15 years after the billing number is revoked.</p> <p>E) Voluntary deactivation of billing number -- Destroy 15 years after deactivation.</p> <p>F) Provider/Supplier dies -- Destroy 7 years after date of death.</p> <p><u>Electronic Mail and Word Processing System Copies</u></p> <p>Copies that have no further administrative value after the recordkeeping copy is made. Includes copies maintained by individuals in personal files, personal electronic mail directories, or other personal directories on hard disk or network drives, and copies on shared network drives that are used only to produce the recordkeeping copy -- DELETE within 180 days after the recordkeeping copy has been produced.</p> <p>Copies used for dissemination, revision or updating that are maintained in addition to the recordkeeping copy -- DELETE when dissemination, revision, or updating is complete.</p> <p>f/115-prvd-enr</p>	<p><i>Be revised page</i></p>	