

**REQUEST FOR RECORDS DISPOSITION AUTHORITY**  
(See Instructions on reverse)

Red NCD 19 Jul 79 HQ

TO: **GENERAL SERVICES ADMINISTRATION,  
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408**

1. FROM (AGENCY OR ESTABLISHMENT)

Department of Health, Education & Welfare

2. MAJOR SUBDIVISION

Health Care Financing Administration

3. MINOR SUBDIVISION

Division of Administration Services

4. NAME OF PERSON WITH WHOM TO CONFER

Fred Brickenkamp

5. TEL. EXT.

45639

LEAVE BLANK

JOB NO.

NC1-440-79-1

DATE RECEIVED

7-19-79

NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10.

11-15-79 *James E. O'Heil*  
Date Acting Archivist of the United States

6. CERTIFICATE OF AGENCY REPRESENTATIVE:

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of \_\_\_\_\_ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

☐ A Request for immediate disposal.

☒ B Request for disposal after a specified period of time or request for permanent retention.

C. DATE

7/13/79

D. SIGNATURE OF AGENCY REPRESENTATIVE

*Fred Heuschele*  
Fred Heuschele

E. TITLE

HCFA Record Officer

7. ITEM NO.

8. DESCRIPTION OF ITEM  
(With Inclusive Dates or Retention Periods)

9. SAMPLE OR  
JOB NO.

10. ACTION TAKEN

Medicare Program Files

See NARS job numbers--copies of SF-115's attached.

The records are the same as when the Medicare program was administered and operated by the Social Security Administration. Consequently, approval of previously established retention periods is being requested so they can be implemented by the Health Care Financing Administration (HCFA).

Attached are NARS Job Numbers:

NC1-47-7722 (15 Aug. 1977)  
NC1-47-77-18 (20 May 1977)  
NC1-47-78-8 (22 Dec. 1977)  
NC1-47-77-13 (30 Mar. 1977)  
NC1-47-76-33 (10 Sep. 1976)  
NC1-47-76-29 (30 Jul. 1976)  
NC -47-75-23 (~~28 May 1975~~) (23 July 75)  
NC1-47-78-14 (18 May 1978)

*Copies to NAB  
Copies to all FRC's, NUF, Agency, 10-27-79*

115-107

**STANDARD FORM 115**  
Revised April, 1975  
Prescribed by General Services  
Administration  
FPMR (41 CFR) 101-11.4

REQUEST FOR AUTHORITY  
TO DISPOSE OF RECORDS

(See Instructions on Reverse)

TO: GENERAL SERVICES ADMINISTRATION,  
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON 25, D. C.

1. FROM (AGENCY OR ESTABLISHMENT)

Department of Health, Education and Welfare

2. MAJOR SUBDIVISION

Social Security Administration

3. MINOR SUBDIVISION

Provider Reimbursement Review Board

4. NAME OF PERSON WITH WHOM TO CONFER

George S. Yamamura

5. TEL. EXT.

45770

6. CERTIFICATE OF AGENCY REPRESENTATIVE:

I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records, and that the records described in this list or schedule of 3 pages are proposed for disposal for the reason indicated: ("X" only one)

☐ A The records have ceased to have sufficient value to warrant further retention.

☒ B The records will cease to have sufficient value to warrant further retention on the expiration of the period of time indicated or on the occurrence of the event specified.

3/23/77

(Date)

*Eugene D. Reed Jr.*  
for Russell O. Hess

(Signature of Agency Representative)

Dept. Records Mgt. Officer

(Title)

7. ITEM NO.

8. DESCRIPTION OF ITEM  
(WITH INCLUSIVE DATES OR RETENTION PERIODS)

9. SAMPLE OR  
JOB NO.

10. ACTION TAKEN

*NCI-440-79-1*

PROVIDER REIMBURSEMENT REVIEW BOARD FILES

I.

ADMINISTRATIVE FILES

A. Instruction Files

Manuals, directives, handbooks, and other formal policy and procedural issuances prepared by the Board. Included are the Provider Reimbursement Review Board Manual and similar material.

1. Permanent. Transfer to the Federal Records Center (FRC) at the close of the calendar year in which superseded or discontinued.

B. Instructions Background Files

Records accumulated in the preparation, clearance, and publication of manuals, directives, handbooks, and other formal policy and procedural issuances. Included are studies, clearance comments, recommendations and similar records which provide a basis for publication and contribute of the issuance.

Destroy when superseded or discontinued. Do not send to FRC.

C. Record Files

*Only items I thru IV sent to FARCS.*

LEAVE BLANK	
DATE RECEIVED <i>9 MAR 1977</i>	JOB NO.
DATE APPROVED <i>NCI 47 77 19</i>	

*5-13-77 James B. Chodura*

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>chronological order, relating to the functions of the Board. Copies of correspondence relating to specific hearing cases are contained in the hearing record case file.</p> <p>Destroy after 3 years.</p>		
II.	<p><u>HEARING FILES</u></p> <p>A. <u>Hearing Record Case Files</u></p> <p>Case files containing documents accumulated in the hearing process. Included are the provider's request for a hearing, provider position papers, fiscal intermediary position papers, cost reports, notice of hearing, hearing transcripts, hearing decision by the Board, and related documents. Hearing decisions may be reviewed by the Secretary of HEW, and provider may seek judicial review of unfavorable decisions.</p> <p>Transfer to the FRC 3 years after the year in which there was a dismissal or final decision.</p> <p>Destroy after 6 years' total retention.</p> <p>B. <u>Executive Officer Hearing Record Case Files</u></p> <p>Duplicate copies of hearing record case files, accumulated by the Executive Officer of the Board, used for review of the case development and final decision by the Board.</p> <p>Destroy 3 years after dismissal or final decision.</p> <p>C. <u>Working Hearing Record Case Files</u></p> <p>Nonessential working papers accumulated and retained by the staff members developing the hearing case. Included are worksheets, notes, and similar documents.</p> <p>Destroy 3 years after dismissal or final decision.</p> <p>D. <u>Hearing Record Card Files</u></p> <p>A 5 by 8 inch card file recording the status of each hearing record case file. Card records such information as the name of the provider and fiscal</p>	<p>PRRB</p> <p>"</p> <p>"</p> <p>"</p>	<p>23</p> <p>24</p> <p>25</p> <p>26</p>



## INSTRUCTIONS

*General Instructions:* Use Standard Forms 115 and 3a, obtainable from Supply Centers of the Federal Supply Service, General Services Administration, to obtain authority to dispose of records. Submit four copies, all of which should be signed and dated, to the National Archives and Records Service. Indicate the number of pages involved in the disposal request under entry 6. Copy 4 of the standard form will be returned to the agency as notification that Congress has authorized disposal of the items marked "approved."

### *Specific Instructions:*

*Entries 1, 2, and 3* should show *what* agency has custody of the records that are identified on the form, and should contain the name of the department or independent agency, and its major and minor subdivisions.

*Entries 4 and 5* should help identify and locate the person to *whom* inquiries regarding the records should be directed.

*Entry 6* should show *what kind of authorization* is requested. Only one of two kinds of authorizations may be requested on a particular form.

*Box A* should be marked if immediate disposal is to be made of past accumulations of records, and the completed form thus marked is a list.

*Box B* should be marked if records that have accumulated or will continue to accumulate are to be disposed of at some definite future time or periodically at stated intervals, or if disposal is to be made of microphotographed records after it has been ascertained that the microfilm copies were made in accordance with the standards prescribed in GSA Regulations 3-IV-105; and the completed form thus marked is a schedule.

*Entry 7* should contain the numbers of the items of records identified on the form in sequence, i. e., 1, 2, 3, 4, etc.

*Entry 8* should show what records are proposed for disposal.

Center headings should indicate *what office's records* are involved if all records described on the form are not those of the same office or if they are records created by another office or agency.

An identification should be provided of the *types of records* involved if they are other than textual records, for example, if they are photographic records, sound recordings, or cartographic records.

An itemization and accurate identification should be provided of the *series of records* that are proposed for disposal. Each series should comprise the largest practical grouping of separately organized and logically related materials that can be treated as a single unit for purposes of disposal. Component parts of a series may be listed separately if numbered consecutively as 1a, 1b, etc., under the general series entry.

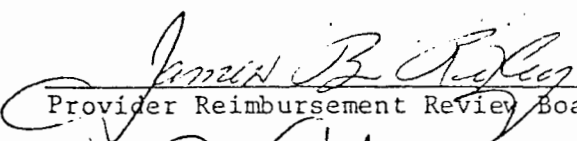
A statement should be provided showing *when* the records were produced or *when* disposal is to be made of the records, thus:

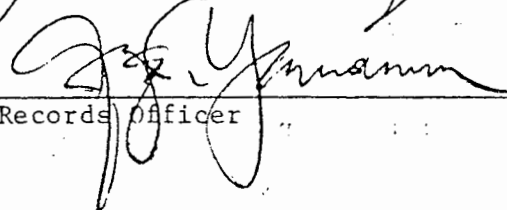
If Box A under entry 6 was marked, the inclusive dates during which the records were produced should be stated.

If Box B under entry 6 was marked, the period of retention should be stated. The retention period may be expressed in terms of years, months, etc., or in terms of future actions or events. A future action or event that is to determine the retention period must be objective and definite. If disposal of the records is contingent upon their being microfilmed, the retention period should read: "Until ascertained that microphotographic copies have been made in accordance with GSA Regulations 3-IV-105 and are adequate substitutes for the paper records."

*Entry 9* should show *what samples* of records were submitted for each item, or with *what job number* such samples were previously submitted. Samples of types of records other than textual and cartographic records should not be submitted.

*Entry 10* should be left blank.

  
Provider Reimbursement Review Board Representative

  
SSA Records Officer

# REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS

(See Instructions on Reverse)

CENTRAL SERVICES ADMINISTRATION

NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON 25, D. C.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Department of Health, Education, and Welfare

SOCIAL SECURITY ADMINISTRATION

Social Security Administration

SSA Regional Offices

SSA Regional Offices

NAME OF PERSON WITH WHOM TO CONTACT

George S. Yamamura

5. TEL. EXT.

45770

DATE RECEIVED

SEP 10 1976

JOB NO.

47-76-33

DATE APPROVED

NOV 1 - 47 - 76 - 33

## NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10.

11-11-76  
Date

*[Signature]*  
Archivist of the United States

## CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records, and that the records described in this list or list of \_\_\_\_\_ pages are proposed for disposal for the reason indicated: ("X" only one)

☒ The records have ceased to have sufficient value to warrant further retention.

☐ The records will cease to have sufficient value to warrant further retention on the expiration of the period of time indicated or on the occurrence of the event specified.

7/7/76  
(Date)

*[Signature]*  
(Signature of Agency Representative)

*[Signature]* Dept. Records Mgt. Officer  
(Title)

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATED OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p><u>RECORDS RETENTION AND DISPOSAL SCHEDULE</u> <u>REGIONAL OFFICE RECORDS</u></p> <p>The files described in this schedule are created in the administration of SSA programs by the SSA Regional Offices. Unless otherwise noted, record copies are maintained by the regional offices.</p> <p>1. <u>GENERAL PROGRAM ADMINISTRATION RECORDS</u></p> <p>A. <u>Administrative Files</u></p> <p>Files created or maintained by most regional offices in the performance of their assigned functions.</p> <ol style="list-style-type: none"> <li>Official file copies of outgoing correspondence relating to office functions.</li> <li>Comments on draft reports, studies, and proposals prepared by other offices.</li> <li>Contributions to and/or comments on proposed legislation.</li> <li>Suggestion evaluation.</li> </ol>		

# INSTRUCTIONS

*General Instructions:* Use Standard Forms 115 and 114, obtainable from Supply Centers of the Federal Supply Service, General Services Administration, to obtain authority to dispose of records. Submit four copies, all of which should be signed and dated, to the National Archives and Records Service. Indicate the number of pages involved in the disposal request under entry 6. Copy 1 of the standard form will be returned to the agency as notification that Congress has authorized disposal of the items marked "approved."

## *Specific Instructions:*

*Entries 1, 2, and 3* should show *what* agency has custody of the records that are identified on the form and should contain the name of the department or independent agency, and its major and minor subdivisions.

*Entries 4 and 5* should help identify and locate the person to whom inquiries regarding the records should be directed.

*Entry 6* should show *what kind of authorization* is requested. Only one of two kinds of authorizations may be requested on a particular form.

*Box A* should be marked if immediate disposal is to be made of past accumulations of records, and the completed form thus marked is a list.

*Box B* should be marked if records that have accumulated or will continue to accumulate are to be disposed of at some definite future time or periodically at stated intervals; or if disposal is to be made of microphotographed records after it has been ascertained that the microfilm copies were made in accordance with the standards prescribed in GSA Regulations 3-IV-105; and the completed form thus marked is a schedule.

*Entry 7* should contain the numbers of the items of records identified on the form in sequence, i. e., 1, 2, 3, 4, etc.

*Entry 8* should show what records are proposed for disposal.

Center heading should indicate *what office's records* are involved if all records described on the form are not those of the same office or if they are records created by another office or agency.

An identification should be provided of the *types of records* involved if they are other than textual records, for example, if they are photographic records, sound recordings, or cartographic records.

An itemization and accurate identification should be provided of the *series of records* that are proposed for disposal. Each series should comprise the largest practical grouping of separately organized and logically related materials that can be treated as a single unit for purposes of disposal. Component parts of a series may be listed separately if numbered consecutively as 1a, 1b, etc., under the general series entry.

A statement should be provided showing *when* the records were produced or *when* disposal is to be made of the records, thus:

If Box A under entry 6 was marked, the inclusive dates during which the records were produced should be stated.

If Box B under entry 6 was marked, the period of retention should be stated. The retention period may be expressed in terms of years, months, etc., or in terms of future actions or events. A future action or event that is to determine the retention period must be objective and definite. If disposal of the records is contingent upon their being microfilmed, the retention period should read: "Until ascertained that microphotographic copies have been made in accordance with GSA Regulations 3-IV-105 and are adequate substitutes for the paper records."

*Entry 9* should show *what samples* of records were submitted for each item, or with *what job number* such samples were previously submitted. Samples of types of records other than textual and cartographic records should not be submitted.

*Entry 10* should be left blank.

U. S. GOVERNMENT PRINTING OFFICE 16-53173-2

*J. S. Gannan*  
SSA Records Officer

*Bernard R. Nelson*  
Records Liaison Officer, OPO

*Beverly Cohen*  
Records Liaison Officer, BHI

*Robert A. McKinney*  
Records Liaison Officer, GHA



NATIONAL ARCHIVES *and* RECORDS ADMINISTRATION  
8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001  
[www.archives.gov](http://www.archives.gov)

July 20, 2016

Memorandum to the File

It is assumed that only pages 19 through 31 of schedule NC1-47-76-33 were intended to be integrated into NC-1-440-79-01. The first page is included only to provide the header information.

JEREMY P. SCHMIDT

Appraiser



7.  
ITEM NO.

8. DESCRIPTION OF ITEM  
(WITH INCLUSIVE DATES OR REFERENCE PERIODS)

9.  
SAMPLE OR  
JOB NO.

10.  
ACTION TAKEN

### VIII.

## BUREAU OF HEALTH INSURANCE

A. State Agreements and Modifications (Item Approved  
NARS Job NC-47-75-23)

Agreements entered into with the State agencies by the Secretary of Health, Education, and Welfare under the provisions of section 1864 of the Social Security Act, by which the State agency assists SSA in determining whether health care providers and suppliers meet and continue to meet the requirements for coverage or participation. Also included are "subagreements" by which State agencies subcontract some Medicare functions to other governmental or private organizations. Record copies are retained by BHI headquarters.

Destroy 5 years after the close of the calendar year in which terminated or superseded.

B. State Buy-In Agreements (Item Approved NARS Job NC-47-75-23)

Agreements entered into with the State agencies by the Secretary of Health, Education, and Welfare under the provisions of section 1843 of the Social Security Act. The agreements provide coverage under the Supplementary Medical Insurance Program for certain individuals receiving money payments under State approved public assistance plans. Record copies are retained by BHL headquarters.

Destroy 5 years after the close of the calendar year in which terminated.

### C. State Agency Review Files

Documents relating to administrative review of State agency operations and certification procedures. Included are reports of visits, communications concerning improvements in operations, and other papers pertaining to reviews of State agency practices.

Destroy after 3 years.

H5Q13 51

Program 6 p. 12  
52

ASOS 53

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS--Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE FOR JOB NO.	10. ACTION TAKEN
	<p>D. <u>State Agency Budget and Financial Report Files</u> (Item Approved NARS Job NO-47-75-23)</p> <p>Files used to estimate, justify, and approve State agency health insurance program costs, and to account for funds received and expended by the State agencies. Included are Forms SSA-1465, State Agency Budget Request; SSA-1465A, State Agency Budget List of Positions; SSA-1466, State Agency Schedule for Equipment Purchases; SSA-1467, State Agency Budget Notice of Approval; SSA-1468, Notice to State Agency; SSA-1469, Financial Accountability Statement; SSA-1469A, Quarterly Expenditure Report; and indirect cost forms. Record copies are retained by BHI headquarters.</p> <p>Destroy 6 years following the close of the budget year.</p>	H50B	<u>Review</u>
	<p>E. <u>Intermediary and Carrier Contract Files</u></p> <p>Agreements entered into with intermediaries and carriers by the Secretary of Health, Education, and Welfare under the provisions of sections 1816 and 1842 of the Social Security Act by which the intermediaries and carriers agree to perform certain functions in administering the Hospital Insurance and Supplementary Medical Insurance Programs. As such, they provide basic documentation of the manner in which these programs are implemented. Included are modifications and amendments. Record copies are retained by BHI headquarters.</p> <p>Destroy 3 years after supersession or termination, as applicable.</p>	Program	operates 27
	<p>F. <u>Intermediary and Carrier Subcontract Files</u></p> <p>Copies of intermediaries' agreements with subcontractors regarding performance of audits and the providers' costs, leases for building space, equipment, consulting, and other services. Included are SSA approvals, amendments, and similar papers. Record copies are retained by BHI headquarters.</p> <p>Destroy 3 years after termination of agreement.</p>	Program	operates 28

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS--Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLER OR JOB NO.	10. ACTION TAKEN
	<p>G. <u>Intermediary and Carrier Closing Agreements (Item Approved NARS Job NC-47-75-23)</u></p> <p>These files contain the accepted final settlement for all intermediary and carrier costs of administration and consist of the closing agreement, appendix, and schedules of balances due the intermediary, carrier, or Secretary. Record copies are retained by BHI headquarters.</p> <p>Destroy 3 years after HEW audit and final settlement.</p>	<p><i>Program Expenditures</i></p>	<p><i>46</i></p>
	<p>H. <u>Intermediary and Carrier Budget Estimate and Justification Files (Item Approved NARS Job NC-47-75-23)</u></p> <p>Forms SSA-1523 and SSA-1524, Estimate of Administrative Costs and Credits, and comparable papers used by the intermediaries and carriers to submit their annual cost estimates for administering the Hospital Insurance and Supplementary Medical Insurance Programs. Also included are justifications, correspondence on specific budget estimates, and supporting data along with the notification of budget approval, such as Forms SSA-1525, and SSA-1526, Notice of Budget Approval; SSA-2598 and SSA-2599, Approved Budget Distribution, Estimate of Administrative Costs; and similar papers. Record copies are retained by BHI headquarters.</p> <p>Destroy 3 years after HEW audit and final settlement.</p>	<p><i>Program Expenditures</i></p>	<p><i>29</i></p>
	<p>I. <u>Intermediary and Carrier Interim Expenditure Report Files (Item Approved NARS Job NC-47-75-23)</u></p> <p>Quarterly reports of expenditures made by the intermediaries and carriers since the beginning of the fiscal year. Included are Forms SSA-1527 and SSA-1528, Cumulative Interim Expenditure Report and Budget, or their equivalents. Also included are supplemental schedules and requests for accelerated payments. Record copies are retained by BHI headquarters.</p> <p>Destroy 3 years after HEW audit and final settlement.</p>	<p><i>Program Expenditures</i></p>	<p><i>30</i></p>

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>J. <u>Intermediary Workload Report Files (Item Approved NARS Job NC-47-75-23)</u></p> <p>Monthly statistical reports on the status of intermediary workloads used by SSA to identify basic management data needed for budgeting, financing, work planning, and progress evaluation. Included is Form SSA-1566, Health Insurance for the Aged Program Intermediary Workload Report, or its equivalent. Record copies are retained by BHI headquarters.</p> <p>Destroy after 3 years.</p>	<p><i>Program approved?</i></p>	<p>37</p>
	<p>K. <u>Carrier Performance Report Files (Item Approved NARS Job NC-47-75-23)</u></p> <p>Form SSA-1565, Health Insurance for the Aged Program Carrier Performance Reports, or equivalent documents prepared monthly by carriers to summarize their performance in processing claims under the Supplementary Medical Insurance Program. The information contained in these reports provides management information needed for budgeting, financing, work planning, performance evaluation, and identifying operating problems. Record copies are retained by BHI headquarters.</p> <p>Destroy after 3 years.</p>	<p><i>Program approved</i></p>	<p>38</p>
	<p>L. <u>Annual Contractor Evaluation Report (ACER)</u></p> <p>An annual report evaluating contractor operations under Part A and Part B of the Medicare program. The report includes such information as claims processing, coverage and utilization safeguards, beneficiary and provider services, fiscal management, and administrative management. Included are final reports and background documents such as copies of Comprehensive Inspection Evaluation Performance (CIEP) reports, copies of draft ACER's, contractor resident representative comments on reports, and related correspondence. Final ACER's are distributed to BHI headquarters and all BHI regional offices.</p>	<p><i>Program approved</i></p>	<p>45</p>

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>1. <u>Regional Office Responsible for Preparation of Final Report</u></p> <p>Retain one copy of each final report for each contractor. Destroy after contractor terminates. Destroy background documents 2 years after publication of final report. Destroy extra copies of final report when administrative value ceases.</p> <p>2. <u>Other Regional Offices</u></p> <p>Destroy upon receipt of updated ACER.</p> <p>M. <u>Carrier Alphabetic State List (CAST)</u></p> <p>Microfilm received semiannually from SSA, used to verify account numbers and Medicare coverage. Included is name, account number, current address, and date of birth. Microfilm is arranged in alphabetical order by State.</p> <p>Destroy upon receipt of updated microfilm.</p> <p>N. <u>Health Insurance Program Integrity Case Files (Item Approved EARS Job NC 47-75-23)</u></p> <p>Files accumulated as a result of allegations or complaints of program abuse or potential fraud by physicians and other providers of services pursuant to sections 206, 208, 1106, and 1107 of the Social Security Act. They consist of complaints from beneficiaries or other sources that are referred to district offices, regional offices, intermediaries, carriers, etc. Included are correspondence, forms, and other papers (hard copy or microfilm) used in developing and investigating complaints, such as exhibits, copies of claims forms, bills, medical records, investigative reports, fiscal records, and other pertinent physician and provider records.</p> <p>Place in inactive file after final action on the case. Cut off inactive file at the close of the calendar year in which final action was taken, hold 2 additional years, and then transfer to the FRC. Destroy 3 years thereafter.</p>	<p><i>Program</i> <i>open</i></p> <p><i>BFC</i></p>	<p><i>missing</i></p> <p><i>54</i></p>

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR EXTENSION PERIODS)	9. SAMPLE FOR JOB NO.	10. ACTION TAKEN
O.	<u>Program Validation Reviews (Item Approved NARS Job NC-47-75-23)</u>  Documents relating to program validation reviews conducted to identify the degree to which program provisions are being properly applied by the providers of health care services. Included are validation review visit reports, schedules of planned validation reviews, notices of visits, and other papers directly related to the program validation review process.  Place in inactive file on receipt of subsequent review or after 2 years, whichever is earlier. Destroy after 3 additional years.	? BCC	58
P.	<u>Part A Overpayment Files</u>  Documents accumulated in the recovery of overpayments to providers under the hospital insurance program (Part A). Included are reports from intermediaries on hospital overpayments, settlement worksheets, schedules of repayment and related correspondence.  Destroy 3 years after final resolution and settlement.	Program reports ? <del>167 new-115</del>	
Q.	<u>Physician's Annual Review Evaluation</u>  Documents accumulated in a sample review of payments to physicians and other suppliers of services under Supplementary Medical Insurance Program (Part B). Included are computer printouts containing payment information, lists of providers to be reviewed, review results and related correspondence.  Destroy 2 years after close of case.	BCC	missing
R.	<u>Overpayment and Duplicate Charge Detection Activity Report Files (Item Approved NARS Job NC-47-75-23)</u>  Quarterly reports prepared by each carrier and sent to SSA summarizing overpayment and duplicate charge detection activities carried out during each calendar quarter. The reports are used to tabulate data on the number of cases in which carrier recovered an overpayment, the total dollar amount of money	Program reports	39

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>overpaid, causes of overpayment, number of duplicate charges detected, and similar information. Record copies are retained by BHI headquarters.</p> <p>Destroy after 3 years.</p> <p>S. <u>Part B Quality Assurance Review</u></p> <p>Documents accumulated in a 10 percent quality assurance subsample of Part B carrier quality assurance sample. Included are Form SSA-2817, Claims Adjudicative Quality Review, a worksheet used to evaluate carrier processing of the claim, and attachments; negotiation documents if the carrier disagrees with the regional office's evaluation; and computer generated reports such as Selected Claims List by Random Selection, Updated Exception Report, Input Totals Report Subsample Claims Listing and Review Summary Report, generated when carrier updates system for every payment run. Quality Assurance Error Rate Reports (monthly, quarterly, and cumulative year-to-date) or statistical output tables, are produced from the above documents by the carrier and include information such as estimated number of errors and standard errors by carrier calculation and by SSA calculation on entitlement, coverage, reasonable charge, document coding, etc. The last pages of each report contain summary totals. A national ranking (Index) is published by BHI headquarters from the Quality Assurance Error Reports.</p> <ol style="list-style-type: none"><li><u>Form 2817 and Negotiation Documents</u>  Return to carrier upon completion of review.</li><li><u>Computer Reports</u>  Retain three reports in file. Destroy earliest report upon receipt of updated report.</li><li><u>Error Rate Reports (Statistical Output Tables)</u>  Destroy monthly report after 6 months, quarterly report after 1 year, and yearly report after 2 years.</li></ol>	<p>BQC</p>	<p>missing</p>

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS--Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLER OR JOB NO.	10. ACTION TAKEN
	<p>4. <u>Index</u></p> <p>Destroy after 2 years.</p> <p>T. <u>Corrective Payment Action Summary Report</u></p> <p>Documents relating to corrective payment action taken in Part B claims selected for end-of-line or Quality Assurance sample review. Included are summary report forms and transmittal letters.</p> <p>Destroy after 1 year.</p> <p>U. <u>Provider Certification Files</u></p> <p>Documents relating to the survey and certification of suppliers and providers of service. Included are official certification and transmittal forms, survey report forms, utilization review plans, provider agreements, transfer agreements, plans of correction, civil rights compliance forms, intermediary designation and tie-in notices, certification letters, and various forms and correspondence used in the certification process with respect to individual facilities. Excluded from this definition are surveyor's notes, rough copy survey report forms, and other workpapers which are merged into and superseded by a final product.</p> <p>1. <u>Nonparticipating Facilities</u></p> <p>Transfer to the FRC 3 years after termination or denial. Destroy after a total 6 years' retention after termination or denial.</p> <p>2. <u>Participating Facilities</u></p> <p>a. Retain Forms SSA-1561, Health Insurance Benefits Agreements; SSA-1539, Certification of Transmittal; and all notification letters to facilities, all civil rights forms, and all intermediary designation. Destroy in accordance with item VIII.C.1 when provider ceases participation.</p> <p>b. Transfer to the FRC survey report forms and related documents 3 years after completion of survey. Destroy after a total 6 years'</p>	<p>BCC</p> <p>HSAB</p>	<p>60</p> <p>43</p>



REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH BEGINNING DATE OR REFERENCE PERIODS)	9 SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>retention. However, those pertaining to access hospitals will be retained until removed from the access category at which time survey report forms and related documentation may be destroyed 6 years following completion of the survey.</p>		
V.	<p><u>Provider Nomination Files</u></p> <p>Letters from providers of services stating choice of intermediary including change of ownership and change of intermediaries. Record copies are retained by BHI headquarters.</p> <p>Destroy 1 year after termination of provider participation.</p>	HSQB	44
W.	<p><u>Provider Hearing Files</u></p> <p>These files accumulate when a provider of services is dissatisfied with SSA's determination that it does not meet the conditions for participation in the Medicare program and requests an administrative hearing on the matter. The documents are used by SSA to support its initial determination at the hearing. Included are copies of provider inspection reports, correspondence, and similar records relating to provider operations. After the hearing, the files must be retained in the event that the provider seeks court review. Record copies are maintained by BHI headquarters.</p> <p>Destroy 3 years after final determination.</p>	PRRB	23 ?
X.	<p><u>Provider Statistical and Reimbursement Reports</u></p> <p>EDP printouts or microfilm showing summaries of payments to hospitals, skilled nursing facilities, home health agencies, and other providers of service. These are used to effect cost settlements between the intermediaries and the providers for program validation purposes, and to determine accuracy of cost reports. These reports contain Part A and Part B inpatient and outpatient information, inpatient statistics, total bills, covered costs, and other related data. Copies are retained by Intermediaries for audit and settlement purposes and also by BHI</p>	BAC	55

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLER FOR JOB NO.	10. ACTION TAKEN
	Destroy after 3 years.		
Y.	<u>Provider Monitor Listing</u>  A computer listing, received from BHI headquarters semiannually, broken down by category of providers and by bed size. Included is information on total amount spent for provider services. This information is used to compute provider per diem rate.  Destroy after 3 years.	BDC	49 P /
Z.	<u>Chain Operations Report (COR)</u>  A computer generated report, received quarterly from BHI headquarters, which identifies chain organizations by name and employer identification number. Included is such information as name of chain organization, corporate address, providers belonging to that chain, name of intermediary and provider number.  Destroy after 2 years.	Pr ap	merin
AA.	<u>Part A Medicare Claims Records</u>  Forms SSA-1453, Inpatient Hospital and Skilled Nursing Facility Admission and Billing; SSA-1486, Inpatient Admission and Billing - Christian Science Sanatorium; SSA-1487, Home Health Agency Report and Billing; and other documents used to support payments to providers of service. Payments may be authorized by the regional office for emergency and foreign claims.  Cut off at the close of the calendar year in which paid, hold 2 additional years, and then transfer to the FRC. Destroy 6 years thereafter. Earlier cut-off and transfer is authorized; however, the records must be retained for 8 years following the close of the calendar year in which payment is made.	Pr ap	12
BB.	<u>Part B Medicare Claims Records</u>  Forms SSA-1490, Request for Medicare Payment; SSA-1554, Provider Billing for Patient Services by Physicians; SSA-1556, Prepayment Plan for Group	Pr	13

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS--Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>Medical Practices Dealing Through a Carrier; SSA-1600 Request for Claim Number Verification; SSA-1606, Payment Record Transmittal; SSA-1660, Request for Information, Medicare Payment for Services to a Patient Now Deceased; and similar forms. Also included are itemized bills, correspondence, and comparable documents used to support payments to beneficiaries, physicians, and other suppliers of service under the Supplementary Medical Insurance Program.</p> <p>Cut off at the close of the calendar year in which paid, hold 2 additional years, and transfer to the FRC. Destroy 2 years thereafter. Earlier cutoff and transfer is authorized; however, the records must be retained for 4 years following the close of the calendar year in which payment is made.</p>		
CC.	<p><u>Reconsideration and Hearing Case Files--Hospital Insurance Program</u></p> <p>Reconsideration records accumulate when a beneficiary or his representative is dissatisfied with an initial determination as to the amount of benefits payable on the beneficiary's behalf under the Hospital Insurance Program and files either an expressed or implied request for reconsideration. Hearing case records accumulate when a beneficiary or his representative is dissatisfied with the reconsideration determination and requests a hearing; and if still dissatisfied after the hearing, files for a subsequent court review. Included are Forms HA-501, Request for Hearing; SSA-561, Request for Reconsideration; or their equivalents. Also included is evidence furnished by beneficiaries or their representatives, correspondence, SSA determinations, Administrative Law Judge decisions, original bills, Appeals Council decisions, and similar material.</p> <p>Dispose of these records in accordance with instructions for Part A Medicare Claims Records (see item VIII.AA of this schedule).</p>	<p><i>From</i> <i>92</i></p>	<p><u>20</u></p>
DD.	<p><u>Review and Fair Hearing Case Files--Supplementary Medical Insurance Program</u></p> <p>Files accumulated when a beneficiary, physician, provider, or other supplier of service is dissatisfied</p>		

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLER OR JOB NO.	10. ACTION TAKEN
	<p>with the carrier's determination denying a request for payment, or with the amount of the payment, or when he/she believes that the request for payment is not being acted upon with reasonable promptness. Included are copies of claimant's requests for review, together with relevant written statements or evidence, notices of adverse informal review decisions, requests for hearings to protest the adverse decisions, hearings proceedings, hearing officers' final decisions, and other comparable papers.</p> <p>Place in inactive file upon final action on the case. Cut off inactive file at the close of the calendar year in which final action was taken, hold 2 additional years, and transfer to the FRC. Destroy 5 years thereafter.</p>		
EE.	<p><u>Medicare Beneficiary Correspondence Files</u> (Item Approved NARS Job NC-47-75-23)</p> <p>These files accumulate as a result of inquiries and complaints received by SSA district offices, headquarters offices, regional offices, and intermediaries and carriers.</p> <p>Destroy 1 year after the close of the calendar year in which dated; <u>except</u> where records are required to document a specific claim, reconsideration, appeal or similar case, destroy in accordance with the instructions for the specific file.</p>	P	19
FF.	<p><u>Professional Standards Review Organization (PSRO) Files</u></p> <p>Files consist of copies of memoranda of understandings and related documents entered into with nonprofit professional associations pursuant to section 1152 of the Social Security Act, as amended. For a given area, the PSRO reviews the professional activities of physicians, other health care practitioners and institutional and noninstitutional providers of health care services to determine whether (1) services are or were medically necessary, (2) quality of services meets professionally recognized standards, etc. Record copies are maintained by BHI headquarters.</p> <p>Destroy 1 year after termination of agreement.</p>	HSQB	moving

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>GG. <u>Program Review Team (PRT) Files</u></p> <p>Files consist of charters and related documents entered into with physicians, health care professionals and consumer representatives pursuant to Section 1862(d) of the Social Security Act, as amended (Section 229 of P.L. 92-603), who serve under charter as members of PRT's for given areas. PRT's review the practices of physicians and other providers of service for billing substantially in excess of customary costs or charges, and for furnishing excess, harmful or grossly inferior services or supplies, to determine whether the physician or other provider of service should be excluded from participation in or terminated from the Medicare program. Files also include advisory (nonadjudicative) reports from the PRT's.</p> <p>Destroy 6 years after final termination of charter.</p> <p>HH. <u>Sections 1862(d) and 1865(b)(2) Exclusion and Termination Actions</u></p> <p>Files consist of cases reviewed and actions taken to exclude or terminate physicians or other providers of service from participation in the Medicare program. Documents included are investigatory materials, court actions, utilization reports, payment data and other related documents as well as PRT concurrence (adjudicative reports) or recommendations where required.</p> <p>Destroy 6 years after reinstatement to the program, or 5 years after the case is otherwise closed.</p>	<p><i>[Handwritten signature]</i></p>	

REQUEST FOR RECORDS DISPOSITION AUTHORITY  
(See Instructions on reverse)

GENERAL SERVICES ADMINISTRATION,  
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20540

1. FROM AGENCY OR ESTABLISHMENT  
**Department of Health, Education, and Welfare (HEW)**

2. MAJOR SUBDIVISION  
**Social Security Administration**

3. MINOR SUBDIVISION  
**Bureau of Health Insurance**

4. NAME OF PERSON WITH WHOM TO CONFER  
**George S. Yamamura**

LEAVE BLANK	
JOB NO.	
NOV 47 77 18	
DATE RECEIVED	20 MAY 1977
NOTIFICATION TO AGENCY	
<p>Conformity with the provisions of 44 U.S.C. 3203 to the disposal request, including amendments, is approved except for items that may be exempted "in whole or in part" or "withdrawn" in column 10.</p>	
DATE	MAY 26 1977
<p><i>James B. Plorde</i> Archivist, U.S. Department of Health, Education, and Welfare</p>	

6. CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of \_\_\_\_\_ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

☐ A Request for immediate disposal.

☒ B Request for disposal after a specified period of time or request for permanent retention.

C. DATE 5/13/77	D. SIGNATURE OF AGENCY REPRESENTATIVE <i>Eugene J. Hess</i> for Russell O. Hess	E. TITLE Department Records Management Officer
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7. ITEM NO.	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
<b>IV</b> <b>A.</b>	<p><u>Professional Qualifications File</u></p> <p>Records of certain individuals who are employed in hospitals and clinical laboratories, or who are self-employed providing therapy and medical services who have taken HEW proficiency examinations. The records contain professional qualification information on the academic and experience qualifications of the individuals and identify information such as social security number, name, address, license number and eligibility, and results of HEW proficiency examination. Records are maintained by State agencies and regional medicare offices, and are used to determine whether individuals rendering health care services meet qualification requirements.</p> <p>Transfer to an inactive file upon termination of individual's participation. Destroy 5 years thereafter.</p>	HS613	Y2-

REQUEST FOR RECORDS DISPOSITION AUTHORITY  
(See Instructions on reverse)

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DB NO

NO1 47 77 22

GENERAL SERVICES ADMINISTRATION,  
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20419

DATE RECEIVED

15 AUG 1977

1. FROM (AGENCY OR ESTABLISHMENT)

Department of Health, Education and Welfare

2. MAJOR SUBDIVISION

Social Security Administration

3. MINOR SUBDIVISION

Bureau of Health Insurance

4. NAME OF PERSON WITH WHOM TO CONFER

George S. Yamamura

5. TEL. EXT.

45770

NOTIFICATION TO AGENCY

In accordance with the provisions of 41 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10.

8-23-77  
Date

*James B. Rhoads*  
Archivist of the United States

6. CERTIFICATE OF AGENCY REPRESENTATIVE

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of 1 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

☐ A Request for immediate disposal.

☒ B Request for disposal after a specified period of time or request for permanent retention.

C. DATE

8/10/77

D. SIGNATURE OF AGENCY REPRESENTATIVE

*Eugene J. Hess*  
Russell O. Hess

E. TITLE

Department Records Management Officer

7. ITEM NO.

8. DESCRIPTION OF ITEM  
(With Inclusive Dates or Retention Periods)

9. SAMPLE OR JOB NO.

10. ACTION TAKEN

CIVIL LITIGATION CASE FILES

Case files documenting BHI's central office involvement in Medicare civil litigation. Civil litigation cases usually have no fraud involvement. They relate to any aspect of the Medicare program, such as overpayment or underpayment of monies by SSA to contractors or providers of services, coverage and entitlement questions, provider terminations, and regulation promulgation and enforcement. Unless settled beforehand, civil litigation cases are heard in Federal (and rarely State) courts. Documentation in the case files may include, but not be limited to, complaints and answers, court orders, transcripts, briefs, evidentiary material (cost reports, accounting data, affidavits, etc.), correspondence and related background information. The Department of Justice maintains the record copy of cases reaching the court level. The Civil Litigation and Hearings Branch maintains record copies of BHI central office involvement in these cases.

Place in an inactive file after final action on the case. Cut off inactive file at the close of the calendar year in which final action was taken, hold 2 additional years, and then transfer to the Federal Records Center. Destroy after a total 5 years' retention. Destroy when inactive for 5 years. \* J.L.H.

*Bureau  
Program  
File*

*22*

\* Change made per telecon J.L.H./C. Whitworth.  
8/13/77.

REQUEST FOR RECORDS DISPOSITION AUTHORITY  
(See Instructions on reverse)

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JOB NO

NCA 17 78 8

DATE RECEIVED

22 DEC 1977

NOTIFICATION TO AGENCY

In accordance with the provisions of 41 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "no response" in column 10.

12-27-77  
Date

Archivist of the United States

GENERAL SERVICES ADMINISTRATION,  
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20540

1. FROM (AGENCY OR ESTABLISHMENT)

Department of Health, Education, and Welfare

2. MAJOR SUBDIVISION

Health Care Financing Administration

3. MINOR SUBDIVISION

Medicare Bureau

4. NAME OF PERSON WITH WHOM TO CONFER

George S. Yamamura

5. TEL. EXT

594-5770

6. CERTIFICATE OF AGENCY REPRESENTATIVE.

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of 2 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

☐ A Request for immediate disposal.

☒ B Request for disposal after a specified period of time or request for permanent retention.

C. DATE

12/15/77

D. SIGNATURE OF AGENCY REPRESENTATIVE

Eugene J. Russell  
Russell O. Hess

E. TITLE

Department Records Management Officer

7. ITEM NO

8. DESCRIPTION OF ITEM  
(With Inclusive Dates or Retention Periods)

9. SAMPLE OR  
JOB NO

10. ACTION TAKEN

RECORDS RETENTION AND DISPOSAL SCHEDULE  
HEALTH INSURANCE FOR THE AGED AND DISABLED PROGRAM

Explanation of Medicare Benefit Records

Utilization and explanation of benefit notices used to advise beneficiaries about remaining Part A benefits, Part A and Part B deductible status, and about applying for complementary health benefits. These notices are prepared and sent to beneficiaries either by SSA intermediaries or carriers. Included are Forms SSA-1533, Medicare Hospital, Extended Care and Home Health Benefits Record, RR-100, Part A Hospital Insurance Benefits Record; and forms that are developed locally by carriers regarding explanation of Medicare benefits.

A. Intermediaries and Carriers Who Microfilm Explanation of Medicare (EOMB) Records

Destroy hard copies after microfilm has been verified as correct. Cut off microfilm file at the close of the calendar year in which benefit was paid or denied, as applicable. Destroy microfilm after a total 6 years' retention.

Page 17



7. ITEM NO.	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Periods)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>B. <u>Intermediaries and Carriers Who Do Not Microfilm EOMB's</u></p> <p>Cut off at the close of the calendar year in which benefit was paid or denied, as applicable, hold 1 additional year and then transfer to the Federal Records Center. Destroy after a total 6 years' retention. <i>(from cut-off)</i></p>		

# REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS

(See Instructions on Reverse)

LEAVE PLANK

DATE RECEIVED

JUL 30 1976

JOB NO.

47-76-29

DATE APPROVED

NCI-7-76-2

1. GENERAL SERVICES ADMINISTRATION,  
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, D.C. 20408

2. FROM (AGENCY OR ESTABLISHMENT)

Department of Health, Education, and Welfare

3. MAJOR SUBDIVISION

Social Security Administration

4. MINOR SUBDIVISION

Bureau of Health Insurance

5. NAME OF PERSON WITH WHOM TO CONFER

George S. Yamamura

5. TEL. EXT.

45770

NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U.S.C. 3307a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10.

AUG 31 1976

James B. Rhoads  
Archivist of the United States

6. CERTIFICATE OF AGENCY REPRESENTATIVE:

I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records, and that the records described in this list schedule of 3 pages are proposed for disposal for the reason indicated: ("X" only one)

☐ A The records have ceased to have sufficient value to warrant further retention.

☒ B The records will cease to have sufficient value to warrant further retention on the expiration of the period of time indicated or on the occurrence of the event specified.

7/27/76  
(Date)

Eugene J. Reed, Jr.  
(Signature of Agency Representative)

Acting Dept. Records Mgt. Officer  
(Title)

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p><u>RECORDS RETENTION AND DISPOSAL SCHEDULE</u></p> <p><u>HEALTH INSURANCE FOR THE AGED AND DISABLED PROGRAM</u></p>		
I.	<p><u>SUPPLEMENTARY MEDICAL INSURANCE (SMI) GENERAL ENROLLMENT PERIOD (GEP) RECORDS</u></p> <p>Records consisting of source documents, generally the SSA-40, Automatic Enrollment Card, with appropriate suffix, and microfilm copies thereof, for all individuals who responded in the direct mail solicitation for SMI entitlement. The records contain such information as beneficiary name, claim number, address, premium amount, and a check mark reflecting individual's "yes" election or enrollment refusal.</p> <p>A. <u>Source Document</u></p> <p>Destroy upon completion and verification of microfilm.</p> <p>B. <u>Microfilm</u></p> <p>Transfer to the Federal Records Center (FRC) 4 years after completion of the GEP. Destroy after a total 10 years' retention.</p>	<p>14</p>	
II.	<p><u>QUALITY ASSURANCE FILES</u></p> <p>Consists of documents relating to comparison of Part B carrier performance. Included are statistical output</p>	<p>FRC</p>	

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS--Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKE
	<p>tables of the Quality Assurance Computer Programs submitted by the carriers on a monthly, quarterly, and yearly basis, and the Index Report produced by central office on a quarterly and a yearly basis.</p> <p>A. <u>Central Office</u></p> <p>1. <u>Statistical Output Tables</u></p> <p>a. <u>Monthly</u>            Destroy after 6 months.</p> <p>b. <u>Quarterly</u>            Destroy after 1 year.</p> <p>c. <u>Yearly</u>            Destroy after 2 years.</p> <p>2. <u>Index</u></p> <p>a. <u>Quarterly</u>            Destroy after 2 years.</p> <p>b. <u>Yearly</u>            Permanent. <del>Get off file after 5 years.</del>  <del>Transfer to the FRC 5 years thereafter and</del>  <del>Offer to the National Archives, when 15 years old.</del>  <i>(Annual accumulation = 1 inch)</i></p> <p>B. <u>Regional Office</u></p> <p>1. <u>Statistical Output Tables</u></p> <p>a. <u>Monthly</u>            Destroy after 6 months.</p> <p>b. <u>Quarterly</u>            Destroy after 1 year.</p> <p>c. <u>Yearly</u>            Destroy after 2 years.</p>		

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE FOR JOB NO.	10. ACTION TAKEN
	<p>2. <u>Index</u></p> <p>Destroy after 2 years.</p> <p>C. <u>Carriers</u></p> <p>1. <u>Statistical Output Tables</u></p> <p>a. <u>Monthly</u></p> <p>Destroy after 6 months.</p> <p>b. <u>Quarterly</u></p> <p>Destroy after 1 year.</p> <p>c. <u>Yearly</u></p> <p>Destroy after 2 years.</p> <p>2. <u>Index</u></p> <p>Destroy after 2 years.</p>		
III.	<p><u>CORRECTIVE PAYMENT ACTION SUMMARY REPORT</u></p> <p>Documents relating to corrective payment action taken on Part B claims selected for end-of-line or quality assurance sample review. Included are summary report forms and transmittal letters.</p> <p>Destroy after 1 year.</p>	BAC	60

# REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS

(See Instructions on Reverse)

TO: GENERAL SERVICES ADMINISTRATION,  
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, D.C. 20408

1. FROM (AGENCY OR ESTABLISHMENT)

Department of Health, Education, and Welfare

2. MAJOR SUBDIVISION

Social Security Administration

3. MINOR SUBDIVISION

Bureau of Health Insurance

4. NAME OF PERSON WITH WHOM TO CONFER

George S. Yamamura

5. TEL EXT.

45770

6. CERTIFICATE OF AGENCY REPRESENTATIVE:

I hereby certify that I am authorized to act for the head of this agency in matters pertaining to the disposal of records, and that the records described in this list schedule of \_\_\_\_\_ pages are proposed for disposal for the reason indicated: ("X" only one)

☐ A The records have ceased to have sufficient value to warrant further retention.

☒ B The records will cease to have sufficient value to warrant further retention on the expiration of the period of time indicated or on the occurrence of the event specified.

5/14/75  
(Date)

*George S. Yamamura*  
(Signature of Agency Representative)

SSA Records Officer  
(Title)

7.  
ITEM NO.

8. DESCRIPTION OF ITEM  
(WITH INCLUSIVE DATES OR RETENTION PERIODS)

9.  
SAMPLE OR  
JOB NO.

10.  
ACTION TAKEN

## Records Retention and Disposal Schedule Health Insurance for the Aged and Disabled Program (Medicare)

The files described in this schedule are created in the administration of the Hospital Insurance (Part A) and Supplementary Medical Insurance (Part B) Programs pursuant to Title XVIII of the Social Security Act, as amended. They are accumulated by intermediaries, carriers, State agencies, and the Bureau of Health Insurance (BHI) headquarters and regional offices.

### A. General Program Administration Files

#### A Medicare Instructions Files

Manuals, directives, handbooks, and other formal policy and procedural issuances prepared and published by BHI components. Included are Part A and Part B Intermediary Manuals, numbered intermediary letters, regulations, provider manuals, Administrative Directives System issuances, and similar material.

BHI Headquarters Offices Responsible for  
Instructions Coordination

Permanent. Close file when publication is superseded or discontinued. Hold 2 years

LEAVE BLANK

DATE RECEIVED

MAY 28 1975

JOB NO.

DATE APPROVED

NC -

47-75-2

NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10.

7-23-75 *James D. O'Neil*  
Date *acting* Archivist of the United States

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p><u>2b. Other Offices</u></p> <p>Destroy when superseded or discontinued.</p> <p><u>6.4. Medicare Instructions Background Files</u></p> <p>Records accumulated in the preparation, clearance, and publication of manuals, directives, handbooks, and other formal policy and procedural issuances. Included are studies, clearance comments, recommendations, and similar records which provide a basis for publication or contribute to the content of the issuance.</p> <p><u>1a. BHI Headquarters Offices Responsible for Instructions Coordination</u></p> <p>Transfer to the FRC when no longer needed for current operations. Destroy 10 years thereafter.</p> <p><u>2b. Other Offices</u></p> <p>Destroy 2 years after the close of the calendar year in which dated.</p> <p><u>C.3. Administrative Files</u></p> <p>Files created by most offices in the performance of their assigned functions.</p> <p><u>1a. Official file copies of outgoing correspondence relating to office functions.</u></p> <p><u>2b. Comments on draft reports, studies, and proposals prepared by other offices.</u></p> <p><u>3c. Contributions to and/or comments on legislation or public information materials.</u></p> <p><u>4d. Suggestion evaluations.</u></p> <p><u>5e. Program and management reports, such as overtime and staffing reports, workload and production reports, highlights, and other reports prepared to submit data to management offices (exclusive of specific reports described elsewhere in this schedule).</u></p>		

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p><u>All Offices</u></p> <p>Destroy 2 years after the close of the calendar year in which dated.</p> <p><u>B. Program Files</u></p> <p><u>1. Part A Medicare Claims Records</u></p> <p>Forms SSA-1453, Inpatient Hospital and Skilled Nursing Facility Admission and Billing; SSA-1486, Inpatient Admission and Billing - Christian Science Sanatorium; SSA-1487, Home Health Agency Report and Billing; and other documents used to support payments to providers of service.</p> <p><u>Intermediaries</u></p> <p>Cut off at the close of the calendar year in which paid; hold 2 additional years, and then transfer to the FRC. Destroy 6 years thereafter. Earlier cutoff and transfer is authorized; however, the records must be retained for 8 years following the close of the calendar year in which payment is made.</p> <p><u>2. Part B Medicare Claims Records</u></p> <p>Forms SSA-1490, Request for Medicare Payment; SSA-1554, Provider Billing for Patient Services by Physicians; SSA-1556, Prepayment Plan for Group Medical Practices Dealing Through a Carrier; SSA-1600, Request for Claim Number Verification; SSA-1606, Payment Record Transmittal; SSA-1660, Request for Information, Medicare Payment for Services to a Patient Now Deceased; and similar forms. Also included are itemized bills, correspondence, and comparable documents used to support payments to beneficiaries, physicians, and other suppliers of service under the Supplementary Medical Insurance Program.</p> <p><u>Carriers</u></p> <p>Cut off at the close of the calendar year in which paid, hold 2 additional years, and transfer</p>		<p>12.</p> <p>13.</p>

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>to the FRC. Destroy 2 years thereafter. Earlier cut off and transfer is authorized; however, the records must be retained for 4 years following the close of the calendar year in which payment is made.</p>		
	<p>3. <u>Medicare Benefit Check Records</u></p> <p>Paid checks which intermediaries and carriers receive from banks covering amounts paid to providers of service, beneficiaries, physicians, and other suppliers of service under the Hospital Insurance and Supplementary Medical Insurance Programs. Also included are check vouchers and cancelled or voided checks resulting from nonreceipt, loss, theft, or nondelivery.</p> <p><u>Intermediaries and Carriers</u></p> <p>Cut off at the close of the calendar year in which paid, or voided, as applicable, hold 1 additional year, and then transfer to the FRC. Destroy 5 years thereafter.</p>		15,
	<p>4. <u>Explanation of Medicare Benefit Records</u></p> <p>Utilization and explanation of benefit notices used to advise beneficiaries about remaining Part A benefits, Part A and Part B deductible status, and about applying for complementary health benefits. These notices are prepared and sent to beneficiaries either by SSA intermediaries or carriers. Included are Forms SSA-1533, Medicare Hospital, Extended Care and Home Health Benefits Record, RR-100, Part A Hospital Insurance Benefits Record; and forms that are developed locally by carriers regarding explanation of Medicare benefits.</p> <p><u>Intermediaries and Carriers</u></p> <p>Cut off at the close of the calendar year in which benefit was paid or denied, as applicable, hold 1 additional year and then transfer to the FRC. Destroy 5 years thereafter.</p>		17.



REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>5. <u>Reconsideration and Hearing Case Files— Hospital Insurance Program</u></p> <p>Reconsideration records accumulate when a beneficiary or his representative is dissatisfied with an initial determination as to the amount of benefits payable on the beneficiary's behalf under the Hospital Insurance Program and files either an expressed or implied request for reconsideration. Hearing case records accumulate when a beneficiary or his representative is dissatisfied with the reconsideration determination and requests a hearing; and if still dissatisfied after the hearing, files for a subsequent court review. Included are Forms HA-501, Request for Hearing; SSA-561, Request for Reconsideration; or their equivalents. Also included is evidence furnished by beneficiaries or their representatives, correspondence, SSA determinations, Administrative Law Judge decisions, original bills, Appeals Council decisions, and similar material.</p> <p>1. <u>BHI Headquarters</u></p> <p>Place in inactive file upon final action on the case. Cut off inactive file at the close of the calendar year in which final action was taken, hold <u>2</u> additional years, and transfer to the FRC. Destroy <u>6</u> years thereafter.</p> <p>2. <u>Intermediaries</u> 2</p> <p>Dispose of these records in accordance with instructions for Part A Medicare Claims Records (see item B.1 of this schedule).</p> <p>6. <u>Review and Fair Hearing Case Files-- Supplementary Medical Insurance Program</u></p> <p>Files accumulated when a beneficiary, physician, provider, or other supplier of service is dissatisfied with the carrier's determination denying a request for payment, or with the amount of the payment, or when he/she believes that the request for payment is not being acted upon with reasonable promptness. Included are copies of claimant's requests for review, together with</p>		<p>201</p> <p>21.</p>

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>relevant written statements or evidence, notices of adverse informal review decisions, requests for hearings to protest the adverse decisions, hearings, proceedings, hearing officers' final decisions, and other comparable papers.</p> <p><u>Carriers</u></p> <p>Place in inactive file upon final action on the case. Cut off inactive file at the close of the calendar year in which final action was taken, hold 2 additional years, and transfer to the FRC. Destroy 5 years thereafter.</p>		
7.	<p><u>Health Insurance Program Integrity Case Files</u></p> <p>Files accumulated as a result of allegations or complaints of program abuse or potential fraud by physicians and other providers of services pursuant to sections 206, 208, 1106, and 1107 of the Social Security Act. They consist of complaints from beneficiaries or other sources that are referred to district offices, regional offices, intermediaries, carriers, etc. Included are correspondence, forms, and other papers used in developing and investigating complaints, such as exhibits, copies of claims forms, bills, medical records, investigative reports, fiscal records, and other pertinent physician and provider records.</p> <p><u>BHI Headquarters and Regional Offices</u></p> <p>Place in inactive file after final action on the case. Cut off inactive file at the close of the calendar year in which final action was taken, hold 2 additional years, and then transfer to the FRC. Destroy 3 years thereafter.</p>		54
8.	<p><u>Intermediary and Carrier Budget Estimate and Justification Files</u></p> <p>Forms SSA-1523 and SSA-1524, Estimate of Administrative Costs and Credits, and comparable papers used by the intermediaries and carriers to submit their annual cost estimates for administering the Hospital Insurance and Supplementary Medical Insurance Programs.</p>		29

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>Also included are justifications, correspondence on specific budget estimates, and supporting data along with the notification of budget approval, such as Forms SSA-1525, and SSA-1526, Notice of Budget Approval; SSA-2598 and SSA-2599, Approved Budget Distribution, Estimate of Administrative Costs; and similar papers.</p> <p>a. <u>BHI Headquarters</u></p> <p>Transfer to the SSA Holding Area 2 years after the end of budget year. Destroy 3 years thereafter.</p> <p>b. <u>Intermediaries, Carriers, and BHI Regional Offices</u></p> <p>Destroy 3 years after DHEW audit and final settlement.</p>		
	<p>9. <u>Intermediary and Carrier Interim Expenditure Report Files</u></p> <p>Quarterly reports of expenditures made by the intermediaries and carriers since the beginning of the fiscal year. Included are Forms SSA-1527, and SSA-1528, Cumulative Interim Expenditure Report and Budget, or their equivalents. Also included are supplemental schedules.</p> <p>a. <u>BHI Headquarters</u></p> <p>Destroy after 7 years.</p> <p>b. <u>Intermediaries, Carriers, and BHI Regional Offices</u></p> <p>Destroy 3 years after DHEW audit and final settlement.</p>		30.
	<p>10. <u>Intermediary and Carrier Final Administrative Cost Proposal and Audit Files</u></p> <p>Forms SSA-1615, and SSA-1616, Final Administrative Cost Proposals, and DHEW or GAO audit reports of intermediary and carrier administrative costs and benefit payments. Included are other documents supporting the amount of requested and approved reimbursement. The files are used as a basis</p>		31.

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	ACT
	<p>for final settlement of allowable costs.</p> <p><u>All Offices</u></p> <p>Destroy 3 years after DHEW audit and final settlement.</p>		
11.	<p><u>Intermediary and Carrier Letter of Credit Files</u></p> <p>Records authorizing a Federal Reserve Bank to disburse funds to designated intermediaries and carriers on behalf of SSA upon presentation of payment vouchers to a commercial bank for collection through a Federal Reserve System. Included is Standard Form (SF) 1193, Letter of Credit, or its equivalent, and amending letters.</p> <p><u>All Offices</u></p> <p>Destroy 3 years after the year in which cancelled.</p>		32
12.	<p><u>Intermediary and Carrier Payment Vouchers and Transmittal Files</u></p> <p>SF 218, Payment Voucher on Letter of Credit, and similar documents prepared by the intermediaries and carriers to obtain Federal funds from selected commercial banks for expenses incurred in administering the Health Insurance and Supplementary Medical Insurance Programs. Also included is SSA-1521, Payment Voucher on Letter of Credit Transmittal, a transmittal that forwards copies of payment vouchers to SSA and shows the purpose for which funds were drawn, i.e., hospital insurance benefits, supplementary medical insurance benefits, administrative costs and total amount of payment vouchers.</p> <p>a. <u>BHI Headquarters</u></p> <p>Destroy after 18 months.</p> <p>b. <u>Intermediaries and Carriers</u></p> <p>Destroy after DHEW audit and final settlement.</p>		33

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
13.	<u>Intermediary and Carrier Monthly Financial Report Files</u>  Reports submitted monthly by the intermediaries and carriers to provide SSA with the basic data to reconcile its accounts with those maintained by intermediaries and carriers. Included is Form SSA-1522, Monthly Intermediary Financial Report, and attachments.  <u>All Offices</u>  Destroy after DHEW audit and final settlement.		35,
14.	<u>Ambulance Services Certification Files</u>  Certifications of suppliers of ambulance services.  <u>Carriers</u>  Destroy 1 year after the close of the calendar year in which certification requirements are no longer met.		41,
15.	<u>Requests for Assistance from District Office</u>  Correspondence and forms submitted to SSA district offices for development of additional information or documents relating to a Medicare claim, e.g., Form SSA-1490, Request for Medicare Payment; unreceipted bills; incorrect name or claim number; missing signature; and similar errors which prevent the processing of a claim.  <u>Intermediaries and Carriers</u>  Dispose of these records in accordance with instructions for Part A and Part B Medicare Claims Records (see items B.1 and B.2 of this schedule).		18,
16.	<u>Intermediary Workload Report Files</u>  Monthly statistical reports on the status of intermediary workloads used by SSA to identify basic management data needed for budgeting, financing, work planning, and progress evaluation.		37,

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>Included is Form SSA-1566, Health Insurance for the Aged Program Intermediary Workload Report, or its equivalent.</p> <p>a. <u>BHI Headquarters</u></p> <p>Destroy after 5 years.</p> <p>b. <u>Intermediaries and BHI Regional Offices</u></p> <p>Destroy after 3 years.</p> <p>17. <u>Carrier Performance Report Files</u></p> <p>Form SSA-1565, Health Insurance for the Aged Program Carrier Performance Reports, or equivalent documents prepared monthly by carriers to summarize their performance in processing claims under the Supplementary Medical Insurance Program. The information contained in these reports provides management information needed for budgeting, financing, work planning, performance evaluation, and identifying operating problems.</p> <p>a. <u>BHI Headquarters</u></p> <p>Destroy after 5 years.</p> <p>b. <u>Carriers and BHI Regional Offices</u></p> <p>Destroy after 3 years.</p> <p>18. <u>Overpayment and Duplicate Charge Detection Activity Report Files</u></p> <p>Quarterly reports prepared by each carrier and sent to SSA summarizing overpayment and duplicate charge detection activities carried out during each calendar quarter. The reports are used to tabulate data on the number of cases in which carrier recovers an overpayment, the total dollar amount of money overpaid, causes of overpayments, number of duplicated charges detected, and similar information.</p> <p>a. <u>BHI Headquarters</u></p> <p>Transfer to the FRC 3 years after the close</p>		<p>38.</p> <p>39.</p>

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>of the calendar year in which dated. Destroy 7 years thereafter.</p> <p>b. <u>Carriers and BHI Regional Offices</u></p> <p>Destroy after 3 years.</p>		
19.	<p><u>Medicare Beneficiary Correspondence Files</u></p> <p>These files accumulate as a result of inquiries and complaints received by SSA district offices, headquarters offices, regional offices, and intermediaries and carriers.</p> <p><u>All Offices</u></p> <p>Destroy 1 year after the close of the calendar year in which dated; <u>except</u> where records are required to document a specific claim, reconsideration, appeal, or similar case, destroy in accordance with the instructions for the specific file.</p>		19.
20.	<p><u>Intermediary and Carrier Contract Files</u></p> <p>Agreements entered into with intermediaries and carriers by the Secretary of Health, Education and Welfare under the provisions of sections 1816 and 1842 of the Social Security Act by which the intermediaries and carriers agree to perform certain functions in administering the Hospital Insurance and Supplementary Medical Insurance Programs. As such, they provide basic documentation of the manner in which these programs are implemented. Included are modifications and amendments.</p> <p>a. <u>BHI Headquarters</u></p> <p><del>Permanent.</del> Place in inactive file at the close of the calendar year in which superseded or terminated, as applicable, hold 2 years and then transfer to the FRC. <del>Offer to the National Archives 10 years thereafter.</del></p> <p>b. <u>Intermediaries and Carriers</u></p> <p>Destroy 3 years after supersession or</p>		27.

*Destroy 12 years after close of the CF in which are preceded or terminated.*

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>termination, as applicable.</p> <p>21. <u>Intermediary and Carrier Subcontract Files</u></p> <p>Copies of intermediaries' agreements with subcontractors regarding performance of audits and the providers' costs, leases for building space, equipment, consulting, and other services. Included are SSA approvals, amendments, and similar papers.</p> <p>a. <u>BHI Headquarters</u></p> <p>Cut off file at the close of the calendar year in which agreement was terminated, hold 1 additional year, and transfer to the FRC. Destroy 5 years thereafter.</p> <p>b. <u>Intermediaries and Carriers</u></p> <p>Destroy 3 years after termination of agreement.</p> <p>22. <u>Contract Performance Review Visit Files</u></p> <p>Documents relating to scheduled or special visits to intermediaries and carriers to review their Medicare operations and to determine the degree of adherence to established policy, adequacy of service to the public, and to verify the accuracy of reporting. Included are reports of staff visits, followup reports, communications concerning improvements in operations, and other documents relating to contract performance review visits.</p> <p>a. <u>BHI Headquarters</u></p> <p>Cut off at the close of the calendar year in which action on the review is completed, hold 2 years, and then transfer to the FRC. Destroy 4 years thereafter.</p> <p>b. <u>Other Offices</u></p> <p>Destroy after 2 years.</p>		28.



REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>23. <u>Provider Nomination Files</u></p> <p>Letters from providers of services stating their choice of intermediary, including changes of ownership and intermediaries. Also included are letters to intermediaries listing providers who have nominated them and letters used to update provider listings.</p> <p><u>BHI Headquarters</u></p> <p>Destroy 1 year after termination of provider participation.</p> <p>24. <u>Intermediary and Carrier Closing Agreements</u></p> <p>These files contain the accepted final settlement for all intermediary and carrier costs of administration and consist of the Closing Agreement, Appendix, and Schedules of Balances due the Intermediary, Carrier or Secretary.</p> <p>a. <u>BHI Headquarters</u></p> <p>Transfer to the FRC 3 years after DHEW audit and final settlement. Use (Records Group 217)</p> <p>b. <u>Intermediaries, Carriers, and BHI Regional Offices</u></p> <p>Destroy 3 years after DHEW audit and final settlement.</p> <p>25. <u>Carrier Computer Printout Records</u></p> <p>Computer printouts used in processing, paying, and controlling Part B Medicare claims.</p> <p>a. Pending and process listing, payment listing, duplicate check control, master file update control, and profiles of physicians and other supplies of services.</p> <p><u>Carriers</u></p> <p>Destroy 4 years after the close of the calendar year in which payment was made.</p>		<p>44</p> <p>46</p> <p>47</p>

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION-TAKEN
	<p>b. Check listing and bank reconciliation.</p> <p><u>Carriers</u></p> <p>Destroy 6 years after the close of the calendar year in which paid or voided.</p> <p>c. Query and query reply listing, transaction listing, activity listing, posting exceptions analysis of posting errors, /claims inventory control, edit input transactions, and aging of open claims.</p> <p><u>Carriers</u></p> <p>Destroy 3 years after processing. (Carriers with the capability of electronically retaining the data contained in the query and query reply listing may destroy the paper copies after tapes have been verified).</p>		
26.	<p><u>Cost Report Files</u></p> <p>Cost reports submitted by providers to intermediaries for the purpose of determining Medicare reimbursable costs. Each cost report contains a provider's statement of reimbursable cost, cost-finding schedules, auditor's comments, final settlement letters and other data necessary to determine reimbursable costs, prepared in accordance with regulations and the principles of reimbursement.</p> <p>a. <u>BHI Headquarters</u></p> <p>(1) <u>Audited Reports and Those Settled Without Audit</u></p> <p>Retain for 3 years after completion of audit and/or settlement process and transfer to FRC. Destroy 5 years thereafter.</p> <p>(2) <u>Unaudited Reports</u></p> <p>Destroy 3 years after receipt.</p>		48.

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REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>b. <u>Intermediaries</u></p> <p>Destroy 5 years after completion of audit and/or settlement process.</p>		
27.	<p><u>Provider Certification Files</u></p> <p>Documents relating to the survey and certification of suppliers and providers of service. Included are official certification and transmittal forms, survey report forms, utilization review plans, provider agreements, transfer agreements, plans of correction, civil rights compliance forms, intermediary designation and tie-in notices, certification letters, and various forms and correspondence used in the certification process with respect to individual facilities. Excluded from this definition are surveyors' notes, rough copy survey report forms, and other workpapers which are merged into and superseded by a final product.</p> <p>a. <u>SSA Regional Offices</u></p> <p>Destroy after 6 years.</p> <p>b. <u>State Agencies</u></p> <p>(1) <u>Nonparticipating Facilities</u></p> <p>Destroy 2 years after termination, closure, withdrawal, or denial, as applicable; except documents pertaining to facilities for which no certification was ever completed, destroy 1 year after last certification, contact, or correspondence.</p> <p>(2) <u>Participating Facilities</u></p> <p>Retain a facility's current utilization review plan (hospitals and extended care facilities [ECF's]), transfer agreements (ECF's), and floor plan or physical plant layout.</p> <p>Destroy all other material after 3 years</p>		431

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REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>for hospitals and home health agencies and after 2 years for all other facilities.</p> <p>Retain the material for the two most recent certification actions in any event.</p>		
28.	<p><u>Provider Statistical and Reimbursement Reports</u></p> <p>EDP printouts or microfilms showing summaries of payments to hospitals, skilled nursing facilities, home health agencies, and other providers of service. They are used to effect cost settlements between the intermediaries and the providers for program validation purposes, and to determine accuracy of cost reports. These reports contain Part A and Part B inpatient and outpatient information, inpatient statistics, total bills, covered costs, and other related data.</p> <p>a. <u>BHI Headquarters</u></p> <p>Destroy printouts 3 years after the date issued. Destroy microfilm upon receipt and verification of subsequent film.</p> <p>b. <u>Intermediaries</u></p> <p>Destroy 5 years after completion of audit and/or settlement process for provider cost report for corresponding fiscal year.</p>		
29.	<p><u>Medical Facilities Directory Files</u></p> <p>Listings of providers of service showing provider identification and intermediary numbers, effective date, and city where located. Also included are alphabetical listings of facilities by State, cities within the State, and facility name within city. These lists contain mailing addresses, provider numbers, intermediary numbers, effective dates, termination codes, billing elections, radiological and laboratory services, total beds, nursing beds, and accreditation by Joint Commission on Accreditation of Hospitals and the American Osteopathic Association.</p>		

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. <del>DESCRIPTION OF RECORDS</del> (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p><u>All Offices</u></p> <p>Destroy when superseded or obsolete.</p>		
30.	<p><u>State Agency Budget and Financial Report Files</u></p> <p>Files used to estimate, justify, and approve State agency health insurance program costs, and to account for funds received and expended by the State agencies. Included are Forms SSA-1465, State Agency Budget Request; SSA-1465A, State Agency Budget List of Positions; SSA-1466, State Agency Schedule for Equipment Purchases; SSA-1467, State Agency Budget Notice of Approval; SSA-1468, Notice to State Agency; SSA-1469, Financial Accountability Statement; SSA-1469A, Quarterly Expenditure Report; and indirect cost forms.</p> <p>a. <u>BHI Headquarters and Regional Offices</u></p> <p>Destroy 6 years following the close of the budget year.</p> <p>b. <u>State Agencies</u></p> <p>Destroy 3 years after DHEW audit or 5 years after the close of the budget year whichever is earlier.</p>		50
31.	<p><u>State Agreements</u></p> <p>Agreements entered into with the State agencies by the Secretary of Health, Education, and Welfare under the provisions of section 1864 of the Social Security Act, by which the State agency assists SSA in determining whether health care providers and suppliers meet and continue to meet the requirements for coverage or participation. Also included are "subagreements" by which State agencies subcontract some Medicare functions to other governmental or private organizations.</p> <p>a. <u>BHI Headquarters</u></p> <p><del>Permanent</del>. Transfer to the FRC at the close of the calendar year in which terminated.</p>		51

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7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p><i>Destroy 20 years after the close of</i> <del>Offer to the National Archives 20 years</del> <del>thereafter.</del> <i>CY in which terminated.</i></p> <p>b. <u>Regional Offices</u></p> <p>Destroy 5 years after the close of the calendar year in which terminated.</p> <p>c. <u>State Agencies</u></p> <p>Dispose of according to State practice.</p>		
	<p>32. <u>State Agency Review Files</u></p> <p>Documents relating to administrative review of State agency operations and certification procedures. Included are reports of visits, communications concerning improvements in operations, and other papers pertaining to reviews of State agency practices.</p> <p>a. <u>BHI Headquarters</u></p> <p>Destroy 5 years after the close of the calendar year in which dated.</p> <p>b. <u>State Agencies</u></p> <p>Destroy after 3 years.</p>		
	<p><u>State Buy-In Agreements</u></p> <p>Agreements entered into with the State agencies by the Secretary of Health, Education, and Welfare under the provisions of section 1843 of the Social Security Act. The agreements provide coverage under the Supplementary Medical Insurance Program for certain individuals receiving money payments under State approved public assistance plans.</p> <p><u>BHI Headquarters</u></p> <p><del>Permanent.</del> Transfer to the FRC at the close of the calendar year in which terminated. <del>Offer to the National Archives 20 years</del> <del>thereafter.</del> <i>Destroy 20 years after close of CY in which terminated.</i></p>		

Buy-In  
Agreements  
All individuals  
for individuals  
also not covered  
making for  
coverage  
e.g. Special  
cases under  
42 U.S.C.

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7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>b. <u>Regional Offices</u></p> <p>Destroy 5 years after the close of the calendar year in which terminated.</p> <p>c. <u>State Agencies</u></p> <p>Dispose of according to State practices.</p>		
	<p>34. <u>Program Validation Reviews</u></p> <p>Documents relating to program validation reviews conducted to identify the degree to which program provisions are being properly applied by the providers of health care services. Included are validation review visit reports, schedules of planned validation reviews, notice of visits, and other papers directly related to the program validation review process.</p> <p><u>BHI Headquarters and Regional Offices</u></p> <p>Place in inactive file on receipt of subsequent review or after 2 years, whichever is earlier. Destroy after 3 additional years.</p>		58.
	<p>35. <u>Detailed Printouts (Depots)</u></p> <p>EDP printouts showing individual bill and payment information for hospitals, skilled nursing facilities, home health agencies, and other providers of service. These reports are used by intermediaries and providers to reconcile the Provider Statistical and Reimbursement Reports (see item B.28) to their own records by itemizing which bills have been processed by SSA and are included in the PS&amp;R report.</p> <p>a. <u>BHI Headquarters</u></p> <p>Destroy printouts 3 years after the date issued.</p> <p>b. <u>Intermediaries</u></p> <p>Destroy 5 years after completion of audit and/or settlement process for provider cost report for corresponding fiscal year.</p>		56.

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF RECORDS (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>36. <u>Interim Rate Listings</u></p> <p>Listings of interim rates in use by intermediaries in making interim payments to hospitals, skilled nursing facilities, home health agencies, and other providers of services. These listings are used as a source of information and for studies.</p> <p><u>BHI Headquarters</u></p> <p>Destroy after 5 years.</p> <p>37. <u>Intermediary and Carrier Plan of Expenditure Report</u></p> <p>Forms SSA-2582 and SSA-2583, Plan of Expenditures, submitted on November 15 and February 15 by the intermediaries and carriers to provide SSA with the basic data to analyze budget allotment status when compared to actual accrued and anticipated expenditures.</p> <p><u>All Offices</u></p> <p>Destroy 3 months after the close of the fiscal year.</p> <p>38. <u>Intermediary and Carrier Monthly Cumulative Cost Report</u></p> <p>Forms SSA-2584 and SSA-2585, Monthly Cost Report-Cumulative. The reports, with the exception of September, December, March and June, are submitted monthly by the intermediaries and carriers to supplement the detailed quarterly reports thereby providing SSA with productivity and cost data on a 12 month cumulative basis.</p> <p><u>All Offices</u></p> <p>Destroy 3 months after the close of the fiscal year.</p> <p>39. <u>Provider Hearing Files</u></p> <p>These files accumulate when a provider of services is dissatisfied with SSA's determination that</p>		<p>57</p> <p>3/6</p> <p>?</p> <p><i>[Signature]</i></p>



REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>it does not meet the conditions for participation in the Medicare program and requests an administrative hearing on the matter. The documents are used by SSA to support its initial determination at the hearing. Included are copies of provider inspection reports, correspondence, and similar records relating to provider operations. After the hearing, the files must be retained in the event that the provider seeks court review.</p> <p><u>BHI Headquarters</u></p> <p>Transfer to the SSA Records Holding Area at the close of the calendar year in which hearing is held. Hold for 2 years and then transfer to the FRC. Destroy 5 years thereafter.</p> <p><u>40. Policy Precedent Files</u></p> <p>Policy memorandums, interpretations, clarifications, and similar records which serve as precedent for future program policy determinations. The files are accumulated by BHI headquarters offices responsible for program policy development.</p> <p><i>Extensive annual volume: Less than 100.</i> <u>BHI Headquarters Offices Responsible for Program Policy Development</u></p> <p><i>Permanent.</i> Review files at the close of each calendar year. Remove documents which do not have continuing applicability and transfer to the FRC. Offer to the National Archives 20 years thereafter.</p>		<p><i>Arrangement: Alpha-numeric by subject.</i></p>

NO 1 47 78 14

TO: GENERAL SERVICES ADMINISTRATION,  
NATIONAL ARCHIVES AND RECORDS SERVICE, WASHINGTON, DC 20408

DATE RECEIVED

18 MAY 1978

NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10

1. FROM (AGENCY OR ESTABLISHMENT)

Department of Health, Education, and Welfare, SSA

2. MAJOR SUBDIVISION

Office of Program Operations

3. MINOR SUBDIVISION

Bureau of Data Processing

4. NAME OF PERSON WITH WHOM TO CONFER

George S. Yamamura

5. TEL. EXT.

594-5770

5-22-78

Date Acting Archivist of the United States

6. CERTIFICATE OF AGENCY REPRESENTATIVE:

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of 1 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified.

☐ A Request for immediate disposal.

☒ B Request for disposal after a specified period of time or request for permanent retention.

C. DATE

D. SIGNATURE OF AGENCY REPRESENTATIVE

E. TITLE

3/15/78

Eugene J. Read, Jr.  
Russell O. Hess

Department Records Management Officer

7. ITEM NO.

8. DESCRIPTION OF ITEM  
(With Inclusive Dates or Retention Periods)

9. SAMPLE OR  
JOB NO.

10. ACTION TAKE

PROVIDER BILLS

These files consist of microfilm of health insurance provider bills with billing dates from July 1, 1966, through calendar year 1976. The bills were forwarded to SSA by intermediaries for the purpose of updating individual health insurance beneficiary records and maintaining provider statistical and reimbursement records. Included are microfilm copies of SSA-1453, In-patient Hospital and Extended Care Facility Admission and Billing; SSA-1483, Provider Billing for Medical and Other Health Services; SSA-1486, In-patient Admission and Billing--Christian Science Sanatorium; SSA-1487, Home Health Agency Report and Billing; or their equivalents. The information contained on the film is available from other sources.

1. Microfilm of records with billing dates prior to January 1, 1974 - destroy immediately.
2. Microfilm of records with billing dates from January 1, 1974, through calendar year 1976 - retain for 4 years or until they are administratively determined to be of no further value, whichever occurs sooner, and then destroy.