### NOTICE - SOME ITEMS SUPERSEDED OR OBSOLETE

#### Schedule Number: NC1-440-79-01

Some items in this schedule are either obsolete or have been superseded by new NARA approved records schedules. This information is accurate as of: 7/31/2023

#### **ACTIVE ITEMS**

These items, unless subsequently superseded, may be used by the agency to disposition records. It is the responsibility of the user to verify the items are still active.

All items except those listed below are active

#### SUPERSEDED AND OBSOLETE ITEMS

The remaining items on this schedule may no longer be used to disposition records. They are superseded, obsolete, filing instructions, non-records, or were lined off and not approved at the time of scheduling. References to more recent schedules are provided below as a courtesy. Some items listed here may have been previously annotated on the schedule itself.

Items 7/2, 7/26, 17, 18, 25, 30, 35, 37-39, 47, 48, 50, 55, 57 is superseded by DAA-0440-2015-0004

Item 7 is superseded by DAA-0440-2015-0002

Item 1b is superseded by DAA-0440-2015-0002

Item 14 is superseded by DAA-0440-2015-0006

Items VII15(18), I VII/II/30(50), VII/8(29), VII/36(57), VII/30(50), I VI/III(80), I V/II/F(28), III/HH, II/IV/A(42), I VII/II/14(41), I V/23(44), I VII/29 is superseded by DAA-0440-2015-0008

Items III/W(23), 1/1(22), II/32/a(53), II/32/b(53), III/N(54), II/18(39), III/R, 11/34(58) is superseded by DAA-0440-2015-0012

Item II.A is superseded by N1-440-95-001 #16

Item II.D is superseded by N1-440-95-001 #17

Item 24 is superseded by N1-440-95-001 #3

Item 27 is superseded by N1-440-95-001 #9

Item 22 is superseded by N1-440-95-001 #11

Item II.B.1 is superseded by NC1-440-83-01 #1

### NOTICE - SOME ITEMS SUPERSEDED OR OBSOLETE

As of 7/31/2023 NC1-440-79-01

# NOTICE - SOME ITEMS SUPERSEDED OR OBSOLETE

Item II.B.2 is superseded by NC1-440-83-01 #2

Item II.K/11 (32) is superseded by NC1-440-84-01 #II.K

Item II.L/12 (33) is superseded by NC1-440-84-01 #II.L

Item II.C/3 (15) is superseded by NC1-440-84-002 #1

Item II.S/19 (19) is superseded by NC1-440-85-02 #1

NOTICE - SOME ITEMS SUPERSEDED OR OBSOLETE

As of 7/31/2023 NC1-440-79-01

# REQUEST FOR REC. DISPOSITION AUTHORITY

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	(See Instructions on reverse)		JOB NO.		
	AL SERVICES ADMINISTRATION,		NC1-440-7	79-1	
	AL ARCHIVES AND RECORDS SERVICE, WASHINGTON,	DC 20408	DATE RECEIVED		The second of th
	ENCY OR ESTABLISHMENT)			7-19-79	
Departi 2. MAJOR SUE	ment of Health, Education & Welfar	<u>re</u>	NOTIFIC	CATION TO AGEN	CY
	Care Financing Administration		In accordance with the pro	visions of 44 U.S.C. 3	303a the disposal re-
. MINOR SUB			quest, including amendment be stamped "disposal not		
Divisio	on of Administration Services				
	PERSON WITH WHOM TO CONFER	5. TEL. EXT.		0	Achores
Fred B	rickenkamp	45639	11-15-79 Date Action	dropicis of the	United States
	E OF AGENCY REPRESENTATIVE:	43039	1 seam	Archivision me	Omieu Smies
that the this age	recrtify that I am authorized to act for this agen e records proposed for disposal in this Request ency or will not be needed after the retention per Request for immediate disposal.	et of pag eriods specified.	e(s) are not now ne	eded for the l	ousiness of
	Request for disposal after a spec retention.	-	ume or requ	est for pe	rmanent
. DATE	D. SIGNATURE OF GENCY REPRESENTATIVE	E. TITLE			
13/79	Fred Heuschele	HCFA Rec	ord Officer		
7. ITEM NO.	8. DESCRIPTION O (With Inclusive Dates or Ret	FITEM		9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	Medicare Program Files  See NARS job numbers—copies of S  The records are the same as when administered and operated by the Administration. Consequently, apestablished retention periods is be implemented by the Health Care (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) NC1-47-78-8 (22 Dec. 1977) NC1-47-76-33 (10 Sep. 1976) NC1-47-76-29 (30 Jul. 1976) NC1-47-76-29 (30 Jul. 1976) NC -47-75-23 (28 May 1975) NC1-47-78-14 (18 May 1978)	the Medicare Social Secur oproval of pr being reques Financing A	program was ity eviously ted so they ca dministration	n	
115-107 10/18/1/1 1-1-1	W. Maryer wind		court	STANDARD Revised April Prescribed by Administrat FPMR (41 CF	, 1975 / General Services ion

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115-102	(See Instructions on Reverse)	N <sub>A</sub>	7 7	77 10
TO: GENER	RAL SERVICES ADMINISTRATION,	DATE APPROVED		7 13
NAT	ional Archives and Records Service, Washington 25, D. C.			
•	TY OR ESTABLISHMENT)		THEY AREA OF AN	
<u>Departme</u> 2. HAJOR SUBDI	ent of Health, Education and Welfare	A little that do	etthologicale alphysical, b	returning control
	Security Administration	g transfer i di	a di gerega di kace Grandi debiga pa	
3. MINOR SUBDI	vision Reimbursement Review Board	"with."	3.60 m 10	~ A ~
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George S	S. Yamamura 45770	11.13	grade v sala an di	
	OF AGENCY REPRESENTATIVE:			
_	ify that I am authorized to act for the head of this agency in matters pertaining to the pages are proposed for disposal for the reason indicated: ("X" only one)	disposal of records, an	d that the records de	escribed in this list or
A The re	The records will cease to have sufficient value to have sufficient value to warrant further retention on the expiration			
	ue to warrant A of the period of time indicated or on the occur-			
	Eugen D. Bear			0.001
3/23/77 (Dept)	Russell O. Hess (Signature of Agency Romanactive)	Dept.	Records Net	Officer
7	8. DESCRIPTION OF LIEM		9.	1
ITEM NO.	(WITH INCLUSIVE DATES OR RETENTION PERIODS)		SAMPLE OR JOB NO.	ACTION TAKEN
	NC1-440-	79-1	·	
	PROVIDER REIMBURSEMENT REVIEW BOARD FILE	<u>s</u>		
I.	ADMINISTRATIVE FILES			
	A. Instruction Files			
	Manuals, directives, handbooks, and othe	r formal		
	policy and procedural issuances prepared	-		
	Board. Included are the Provider Reimbur. Review Board Manual and similar material			
	Final copy of second suc	m. lake	Foririn	•
	Permanent. Transfer to the Federal Reco (FRC) at the close of the calendar year			
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ľ	B. Instructions Background Files Beginning	nemu	17/4	
	Records accumulated in the preparation,	clearance,		
f	and publication of manuals, directives, and other formal policy and procedural is			
	Included are studies, clearance comments			+ +
	mendations and similar records which pro-		太地山	elluf
	basis for publication and contribute of	tne issuance		
	Destroy when superseded or discontinued.	Do not		2
€ '	send to FRC. Opks item	es It	Sin III	- Deat
	send to FRC.  C. Record Files  C. Record Files	<b>3</b> .		/

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7. ITEM NO.		8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PÉRIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
		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.		
		Destroy after 3 years.		
II.	HE.	ARING FILES		
	Α.	Hearing Record Case Files  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.		23
<b>,</b>	richtersprogrammen gelighteren i der anternammen.	Transfer to the FRC 3 years after the year in which there was a dismissal or final decision.		
	в.	Destroy after 6 years' total retention.	1 '	74
	1	Executive Officer Hearing Record Case Files  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.		
		Destroy 3 years after dismissal or final decision.	1:	25
	c.	Working Hearing Record Case Files		•
		Nonessential working papers accumulated and retained by the staff members developing the hearing case. Included are worksheets, notes, and similar documents.	<i>),</i>	26
		Destroy 3 years after dismissal or final decision.		
	D.	Hearing Record Card Files		
		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		

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ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOS NO.	10. ACTION TAKEN
	intermediary and whether the case is active, has been dismissed, or a hearing decision rendered.		
	Destroy 6 years after dismissal or final decision.		
<b>E.</b>	Extra Copy Transcript Files		
***	Files consisting of duplicate copies of hearing trans- cripts. An original copy of the transcript is retained with the hearing record case file.		:
	Review file annually and destroy copies which no longer have continuing value.		·
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Godial :	iveren Security Administration	3303a the dispo pents, is appro be stamped "dis	sal request, in wed except for	ncluding amend- items that may
HOR SUPER	vicion ional Offices	"withdrawn" in		
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	or in 2007 is a numeror row. If that I can ratherized to not for the head of this agency in matters pertaining	ne to the dinnosal of records, and	that the records	Secribed in this list or
ed als ef	payer are proposed for disposal for the resson indicated: ("X" only one)			
T report to	to warrant   The records will cease to have sufficient value to have taffi- to warrant further retraffen on the expiration of the period of time in Heather on the occur-			
		*		44 - 18
7/7/26	Euge O Kes A	Ast & Dept. 1	Records Mg	t. Officer
(Date)	U (Signature of Art toy Representative)	Annahal language and a mangraf of transformation of the same management can be annual to the same of t	(Title)	which the first will be supplying an analysis of the supplying an analysis of the supplying and the supplying and the supplying an analysis of the supplying and the supplying and the supplying an analysis of the supplying and the supplying and the supplying an analysis of the supplying and the supplying an analysis of the supplying and the supplying and the supplying an analysis of the supplying and the supplying an analysis of the supplying and the supplying an analysis of the supplying and the supplying and the supplying an analysis of the supplying and the supplying an analysis of the supplying analysis of the supplying an analysis of the supplying analysis of the supplying an analysis of the supplying analysis of the supplying a
7. HEH NO. :	6. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OF RETENTION PERIODS)		9. SAMPLE OR JOB NO.	10 ACTION TANEN
	RECORDS RETENTION AND DISPOSAL SCHE  REGIONAL OFFICE RECORDS  The files described in this schedule are administration of SSA programs by the SSA Unless otherwise noted, record copies are the regional offices.	created in the Regional Offices		
I.	GENERAL PROGRAM ADMINISTRATION RECORDS	ir i		
:	A. Administrative Files		•	Samuel Andrews
	Files created or maintained by most rin the performance of their assigned			
	<ol> <li>Official file copies of outgoing relating to office functions.</li> </ol>	correspondence		
	<ol> <li>Comments on draft reports, studie prepared by other offices.</li> </ol>	s, and proposals	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	3. Contributions to and/or comments legislation.	on proposed	· · · · · · · · · · · · · · · · · · ·	

4. Suggestion evaluation.

#### INSTRUCTIONS

Ge al Instructions: Use Standard Forms 115 and 14 shapeable from Supply Centers of the Federal Supply Service. General Services Administration, to obtain auticos't, to dispose of records. Submit four copies, all of which signal be signed and dated, to the National Archael, and Records Service. Indicate the number of places involved in the disposal reme transfer entry to Copy Loi 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 an Loty of the records that are identified on the form, and should contain the arms of the department or independent agency, and its major and minor subdivisions.

Entries I and 5 should help identify and locate the person to wion 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 accombitions 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 microphotegraphed records after it has been ascertained that the microfilm copies were made in accordance with the standards prescribed in GSA Regulations 5-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. c., 1, 2, 3, 4, etc.

Entry 8 should show what records are proposed for disposal.

Center heading should indicate what office's rerords are involved of all records described on the form are not those of the same office or if they are records quant of 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 cholographic records, round recordings, or cartegraphic regords.

An ilemization and accurate identification should be provided of the series of records that are proposed for disposal. Theh series should comprise the largest practical promping 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 is parately if nameliated consecutively as 1a, 1b, etc., under the general series entry.

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

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

If Box B in the entry 6 was involved the period of releation should be start. The retention period may be expressed in terms of yoursements, etc., or in terms of nourse actions of events. A future action or event first is to determine the retention period must be objective and deficite. If dispositive interconducts, the retention period materials as continuent upon their lating intercontinuent the retention period should read "Unity necessains that microphotographic on is the velocities of in accordance with GSA degulations 0-IV-105 and are adequate substitutes for the paper records."

Entry 2 should show what samples of records were submitted for each item, or with what for number such samples were previously spin litted. Samples of types of records other than textual and cartographic records should not be submitted.

Entry 10 should be left blank.

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Records Wilson Officer, BHI

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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

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7. ITEM HO.	8. DESCRIPTION OF THEM (WITH INCLUSIVE DATES OR RELEATION PROTOES)	9. SAMP I, OR JOB RO	ACHOR TAKER
√III.	BUREAU OF HEALTH INSURANCE  A. State Agreements and Modifications (Item Approved VIARS Job NC-47-75-23)	H59	13 51
ا آهر ماليون شد	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	Pargram	aprento-
	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 Programfor 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.	HSO S	
<u> </u>	Destroy after 3 years.		

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D.	State Agency Budget and Financial Report Files (Item Approved MARS Job NC-47-75-23)	HSQB	Michael
	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.		
E.	Destroy 6 years following the close of the budget year  Intermediary and Carrier Contract Files	Program	27
	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 cortain 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		
	Destroy 3 years after supersession or termination, as applicable.	from -	opium
F.	Intermediary and Carrier Subcontract Files  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.  Destroy 3 years after termination of agreement.		<i>+ u</i>

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7. ITEM NO.		8. DESCRIPTION OF TITM (WITH PICLUSIVE INTEGER RETRITION PRINCES)	9. SAMPLE OR JOB HO	10. ACHON TAKEN
	G.	Intermediary and Carrier Closing Agreements (Item Approved BARS Job BC-47-75-23)	Phigin	7/6
rajili .		These files contain the accepted final settlement for all intermediary and carrier costs of administration and consist of the closing agreement, appendit and schedules of balances due the intermediary, carrier, or Secretary. Record copies are retained by BHI headquarters.	· , ·	
	н.	Destroy 3 years after NEW audit and final settlement.  Intermediary and Carrier Budget Estimate and Justification Files (Item Approved NARS Job NC-47-75-	Program 3) & pliste	29
		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.		
	I.	Destroy 3 years after HEW audit and final settlement.  Intermediary and Carrier Interim Expenditure Report  Files (Iron Approved NARS Job NC-47-75-23)	Paym	30.
		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 BH1 head-quarters.		
$\widehat{}$		Destroy 3 years after HEW audit and final settlement.		
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7, 17EM 110,	8. DESCRIPTION OF BER (WITH INSLUDIVE BATES OR RESTRITOR PERIODS)	9. SAMPLEOR JOB RO	IO, ACHOR TAKEN
	J. Intermediary Workload Report Files (Item Approved NARS Job EC-47-75-23)	y proper	37
الاستون را دستو	Monthly statistical reports on the status of inter- mediary 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 bill headquarters.	7	
	Destroy after 3 years.	,	·
	K. Carrier Performance Report Files (Item Approved NARS Job NC-47-75-23)	pergu	38
	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.	efter	
	Destroy after 3 years.		
	L. Annual Contractor Evaluation Report (ACER)	missen	45
	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.	apent	 - <b>45</b> ,
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. 7. 1тем но.	B DECORPTION OF HEM +: (WITH INCLUSIVE DATES OF RETURNION PERIODS)	SAMPLE OR JOU HO	10. ACTION TAKEN
	1. Regional Office Responsible for Preparation of Final Report		
	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.		
	2. Other Regional Offices	• ′	
	Destroy upon receipt of updated ACER.	Antona	
	M. Carrier Alphabetic State List (CAST)  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.	grown & pr	missin
	N. Health Insurance Program Integrity Case Files (Item Approved NARS Job NC 47-75-23)	BFC	3 T
	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.		
	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 FRG. Destroy 3 years thereafter.		

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7. NEM 110.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OF PETERTION PERIOSO)	9, SAMPLE OR JOB NO	10. ACTION TAKER
	O. Program Validation Reviews (Item Approved NARS Job NC-47-75-23)	2	5-8
	Decuments 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.	BOC	
	Place in inactive file on receipt of subsequent review or after 2 years, whichever is earlier.  Destroy after 3 additional years.		
	P. Part A Overpayment Files  Documents accumulated in the recovery of overpayments to providers under the hespital insurance program (Part A). Included are reports from intermediaries on hospital overpayments, settlement worksheets, schedules of repayment and related correspondence.	Programa Character	7-115
	Destroy 3 years after final resolution and settlement.  Q. Physician's Annual Review Evaluation	BEC	misin
	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.		•
	R. Overpayment and Duplicate Charge Detection Activity Report Files (Item Approved NARS Job NC-47-75-23)	Program	39
	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	10 /	

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	overpaid, causes of overpayment, number of duplicate charges detected, and similar information. Record copies are retained by EHI headquarters.		
	Destroy after 3 years.		
ا او او ایر مشرعی به جنوبی شور	S. Part B Quality Assurance Review	<b>→</b>	medin
	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 decuments 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 entitle ment, coverage, reasonable charge, document coding, etc. The last pages of each report contain summary totals. A national ranking (Index) is published by BNI headquarters from the Quality Assurance Error Reports.	BOC	
	1. Form 2817 and Negotiation Documents		
	Return to carrier upon completion of review.		
	2. Computer Reports		
	Retain three reports in file. Destroy earliest report upon receipt of updated report.		
	3. Error Rate Reports (Statistical Output Tables)		
	Destroy monthly report after 6 months, quarterly report after 1 year, and yearly		

report after 2 years.

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	4. Index		
	Destroy after 2 years.	•	
	T. Corrective Payment Action Summary Report	Bec	60
	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.	-4.	
	Destroy after 1 year.		12
	U. Provider Certification Files	HSAB	42
	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.		
	1. Nonparticipating Facilities  P  Transfer to the FRC 3 years after termination or denial. Destroy after a total 6 years' retention after termination or denial.		
	2. Participating Facilities		
<u></u>	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.U.1 when provider ceases participation.		
,	b. Transfer to the FRC survey report forms and related documents 3 years after completion		

of survey. Destroy after a total 6 years'

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	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.		
ا و را به وخمی	V. Provider Nomination Files	11593	44
• •	Letters from providers of services stating choice of intermediary including change of ownership and change of intermediaries. Record copies are retained by BHI headquarters.		
-	Destroy 1 year after termination of provider participation.	n 0 00	
	W. Provider Hearing Files	IF IX ME	-
	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.		237.
	Destroy 3 years after final determination.		75
	X. Provider Statistical and Reimbursement Reports	200	, , ,
	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, impatient statistics, total bills, covered costs, and other related data. Copies are retained by Intermediaries	t .	

for audit and settlement purposes and also by BHI

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Memblight Party employed program and consequent	Dest	roy after 3 years.		
	Y. Prov	ider Monitor Listing	BOC	49
	semi	mputer listing, received from BHI headquarters annually, broken down by category of providers by bed size. Included is information on total		2
المح العام المعام المحاصلين المام	áтоц	nt spent for provider services. This information sed to compute provider per diem rate.		
		roy after 3 years.	· · · · · · · · · · · · · · · · · · ·	
		n Operations Report (COR)  mputer generated report, received quarterly	Prim don	morin
	from orga	BHI headquarters, which identifies chain nizations by name and employer identification er. Included is such information as name of	,	
	chai belo	n organization, corporate address, providers nging to that chain, name of intermediary provider number.		
		roy after 2 years.		
	AA. <u>Part</u>	A Medicare Claims Records	Proje	1 !
	Nurs Inpa Sano Bill to p	ing Facility Admission and Billing; SSA-1486, tient Admission and Billing - Christian Science torium; SSA-1487, Home Health Agency Report and ing; and other documents used to support payments roviders of service. Payments may be authorized he regional office for emergency and foreign ms.	apr	
	paid the off must	off at the close of the calendar year in which, hold 2 additional years, and then transfer to FRC. Destroy 6 years thereafter. Earlier cut-and transfer is authorized; however, the records be retained for 8 years following the close of calendar year in which payment is made.	j^	10
$\overline{}$	B. Part	B Medicare Claims Records	**	
_	SSA-	s SSA-1490, Request for Medicare Payment; 1554, Provider Billing for Patient Services by Actans; SSA-1556, Prepayment Plan for Group		

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e — e e e e e e e e e e e e e e e e e e	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.	·	
	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.	٥	
	CC. Reconsideration and Hearing Case FilesHospital Insurance Program	prom	-
	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. Heating 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 subsequen court review. Included are Forms BA-501, Request for Bearing; 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.	n	
	Dispose of these records in accordance with instructions for Part A Medicare Claims Records (see item VIII.AA of this schedule).		
	DD. Review and Fair Hearing Case FilesSupplementary Medical Insurance Program		
	riles accumulated when a beneficiary, physician, provider, or other supplier of service is dissatisfic	1	/

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	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.	:	
·	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.		
	EE. Medicare Beneficiary Correspondence Files  (Item Approved NARS Job NC-47-75-23)  These files accumulate as a result of inquiries and complaints received by SSA district offices, headquarters offices, regional offices, and intermediaries and carriers.		19
·	Destroy I year after the close of the calendar year in which dated; except where records are required to document a specific claim, reconsideration, appeal or similar case, destroy in accordance with the instructions for the specific file.		
	FF. Professional Standards Review Organization (PSRO) Files	HSQB	musing
	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.		

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	Files consist of charters and related documents entered into with physicians, health care professional 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 interior 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.	35	in
	HII. Sections 1862(d) and 1365(b)(2) Exclusion and Termination Actions  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.  Destroy 6 years after reinstatement to the program, or 5 years after the case is otherwise closed.		

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ITEM NO	Professional Qualifications File  Records of certain individuals who as hospitals and clinical laboratories, employed providing therapy and medical taken HEW proficiency examinations. professional qualification information and experience qualifications of the identify information such as social aname, address, license number and eliminationed by State agencies and region offices, and are used to determine where the requirements.  Transfer to an inactive file upon termindividual's participation. Destroy	re employed in or who are self- il services who had the records contain on the academic individuals and security number, ligibility, and on. Records are lonal medicare mether individuals qualification of	t in	Management of the Control of the Con
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Annual Statement	Security Administration		quest, including amendme	ints, is poproved except	for items that may
2. MINOR SUE	*		be stamped "disposal a)	( approved by white	awa in Corean IV.
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that the	certify that I am authorized to act for this records proposed for disposal in this ency or will not be needed after the reten Request for immediate dispos	Request of partition periods specified.	age(s) are not now n	eeded for the t	ousiness of
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•	CIVIL LITIGATION CASE FILES			1/2win	John Samuel
•	Case files documenting BHI's	s central office	involvement	Roserven	
	in Medicare civil litigation	n. Civil litiga	tion cases	1777	
	usually have no fraud involv	-	_	17-16-7	
	aspect of the Medicare programment of monies by St				
	of services, coverage and en		_		
	terminations, and regulation				
	Unless settled beforehand,	civil litigation	cases are	\$	
	heard in Federal (and rarely				
	tion in the case files may i				
	complaints and answers, com- evidentiary material (cost a				
	affidavits, etc.), correspon				
	information. The Department				
	record; copy of cases reaching	ng the court leve	el. The Civil		
	Litigation and Hearings Bran BHI central office involvement				
	Place in an inactive file af	fter final action	on the case.		
	Cut off inactive file at the	e close of the ca	lendar year		
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	Utilization and emplacation of h			1 - 1	
•	advise beneficiaries about remai Part A and Part B deductible sta	-	-		
	for complementary health benefit	•			
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	mediaries or carriers. Included Medicare Eospital, Extended Care				
	Record, RR-100, Part A Hospital				
	and forms that are developed los				
	explanation of Medicare benefits	1.			
	A. Intermediaries and Carriers	Who Microfile	n Explanation		,
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7. M. NO.	8. DESCRIPTION OF ITEM  [With Inclusive Dates or Retention Periods)	9, SAMPLE OR JOB NO.	10. ACTION TAKEN		
	B. Intermediaries and Carriers Who. Do Not Microfilm EOMB's				
	Cut off at the close of the calendar year in which benefit was paid or denied, as applicable, hold				
	l additional year and then transfer to the Federal	•			
	Records Center. Destroy after a total 6 years' retention. ( from Cut off).	•			
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NATIONAL ACCUMPS AND FIGURES SERVICE. WASHINGTON, D.C. 20188  LYNDING PROFESSION TO MINISTRATION  Department of Health, Education, and Welfare  1 Major Subjustion  Social Security Administration  1 Memor Supumber  Bureau of Health Insurance  1 Memor Supumber  2 Memor Supumber  3 Memor Supumber  3 Memor Supumber  4 Memor Supumber  4 Memor Supumber  5 Memor Supumber  5 Memor Supumber  6 Memor Supumber  6 Memor Supumber  6 Memor Supumber  6 Memor Supumber  7 Memor Supumber  1 Me	, =====================================	TALL CURNICES ADMINISTRATION	DATE AFFROVED	VC1- 47.	- 76-21
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	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.		
•	Λ. <u>Central Office</u>	,	
	1. <u>Statistical Output Tables</u> a. <u>Monthly</u>		
	Destroy after 6 months.	2 <b>4</b> 4	
	Destroy after 1 year. c. Yearly		
$\gamma$	Destroy after 2 years.		
	2. <u>Index</u> a. <u>Quarterly</u>		
4	Destroy after 2 years.		
	b. <u>Yearly</u>		,
8	Permanent. Gut off file after 5 years.  Transfer to the FRC 5 years thereafter and  Offer to the National Archives where 15	enele)	old.
,	B. Regional Office		
	1. Statistical Output Tables  a. Monthly  Destroy after 6 months.		
	b. Quarterly		, and the state of
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	2. Index		
	Destroy after 2 years.		
	C. Carriers  1. Statistical Output Tables		
	a. Monthly		
	Destroy after 6 months.		
	b. Quarterly  Destroy after 1 year.	-	
	c. Yearly		
~	Destroy after 2 years.	**	
	2. Index		
III.	Destroy after 2 years.  CORRECTIVE PAYMENT ACTION SUMMARY REPORT		
	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.	1360	\$ ?
,	Destroy after 1 year.		· · · · · · · · · · · · · · · · · · ·
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7. TTEM NO.	8. DESCRIPTION OF ITEM.  (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. Sample or Jos no.	ACTION TAKE
•	Other Offices		
•	Destroy when superseded or discontinued.		
•.	6. Medicare 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 or		يون المواجعة المواجعة
	contribute to the content of the issuance.		
	A. BHI Headquarters Offices Responsible for Instructions Coordination		
	Transfer to the FRC when no longer needed for current operations. Destroy 10 years	•	
	thereafter. •		
£.	26. Other Offices		•
	Destroy 2 years after the close of the calendar year in which dated.		·
	3. Administrative Files		
	Files created by most offices in the performance of their assigned functions.		•
·	a. Official file copies of outgoing correspondent relating to office functions.	e	•
	) b. Comments on draft reports, studies, and proposals prepared by other offices.		
	Contributions to and/or comments on legislation or public information materials.		
	d. Suggestion evaluations.		
	e. 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).		

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	Destroy 2 years after the close of the calendar year in which dated.		
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· 1	B. Program Files		
	I. Part A Medicare Claims Records		
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	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.	·	
•			
	<u>Intermediaries</u>		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	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.		
	2. Part B Medicare Claims Records		13.
	L. Idle B ledicale Glass Roses	·	
	Forms SSA-1490, Request for Medicare Payment;		
4	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 benefi-		
	ciaries, physicians, and other suppliers of		
	service under the Supplementary Medical		
	Insurance Program.		
	Couriers		
	Carriers		
•	Cut off at the close of the calendar year in		
	which paid, hold 2 additional years, and transfer		
	$\cdot$		

of 21 page

# REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS-Continuation Sheet

And dest for Mothert To Distost of Records—Community Sheet					
7. ITEM NO.		8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	SAMPLE OR JOB NO.	10. ACTION TAKEN	
•		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.			
	3.	Medicare Benefit Check Records	•	15	
		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.  Intermediaries and Carriers  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.			
	4.	Explanation of Medicare Benefit Records		· ///	
general and state of property and state of the		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 intermediarie 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		17-	
		locally by carriers regarding explanation of Medicare benefits.			
•		Intermediaries and Carriers			
		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.





Page 5

		•	
7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR. JOB NO.	10. ACTION TAKEN
•	5. Reconsideration and Hearing Case Files— Hospital Insurance Program		20,
	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 decision		
	original bills, Appeals Council decisions, and similar material.    BHI Headquarters	•	
	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 6 years thereafter.		•
	Dispose of these records in accordance with instructions for Part A Medicare Claims Records (see item B.1 of this schedule).		
	6. Review and Fair Hearing Case Files Supplementary Medical Insurance Program		21.
	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		

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	REQUEST FOR AUTHORITY TO DISPUSE OF RECORDS—Confin	addon bite	er
7. Item no.	B. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR - JOB NG.	JO. ACTION TAKE
		,	
	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.		
•	Carriers		
	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.	•	
	. 7. Health Insurance Program Integrity Case Files		54,
	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.		
	BHI Headquarters and Regional Offices		The second
·	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.	en e	
	8. Intermediary and Carrier Budget Estimate and Justification Files		29.
2	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.		

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7. TTEH NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OF RETENTION PERIODS)	9. SAMPLE OR JOS NO.	10. ACTION TAKE
•	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.  a. BHI Headquarters		•
	Transfer to the SSA Holding Area 2 years after the end of budget year. Destroy 3 years thereafter.	-	· · · · · · · · · · · · · · · · · · ·
•	b. Intermediaries, Carriers, and BHI Regional Offices	-	
	Destroy 3 years after DHEW audit and final settlement.	•	2//
	9. Intermediary and Carrier Interim Expenditure Report Files		701
•	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 Eudget, or their equivalents. Also included are supplemental schedules.		
	a. BHI Headquarters	,	•
	Destroy after 7 years.  b. Intermediaries, Carriers, and BHI Regional Offices		
:	Destroy 3 years after DHEW audit and final settlement.		
	10. Intermediary and Carrier Final Administrative Cost Proposal and Audit Files		31.
	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 document supporting the amount of requested and approved reimbursement. The files are used as a basis		/

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7. ГТЕМ NO.		#_DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OF RETENTION PERIODS)	9. SAMPLE OR JOS NO.	ACT
4		for final settlement of allowable costs.	-	
		All Offices		
• ·	*	Destroy 3 years after DHEW audit and final settlement.		
	γ:/ <b>11.</b>	Intermediary and Carrier Letter of Credit Files	,	3
		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.	• "	de des presentations de la des des de la contraction de la contrac
	, •	All Offices	•	
	•	Destroy. 3 years after the year in which cancelled.		
	12.	Intermediary and Carrier Payment Vouchers and Transmittal Files	. •	3
And the second s		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	ţ	
		total amount of payment vouchers.	. Company department of the company	•
		Destroy after 18 months.		
	* <b>*</b>	b. Intermediaries and Carriers	By-dag	* 4
~	•	Destroy after DHEW audit and final settlement.		





Page 3

7. ITEM NO.		8. CESCRIPTION OF ITEM (WITH INCLUSAL TAMES OF PERSONS)	9. SAMPLE OR JOB NO.	10. ACTION TAKES
•	13.	Intermediary and Carrier Monthly Financial Report		35,
•		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.		
		All Offices  Destroy after DHEW audit and final settlement.	· • •	
	14.	Ambulance Services Certification Files	Ļ,	4/
		Certifications of suppliers of ambulance services  Carriers		7
		Destroy 1 year after the close of the calendar year in which certification requirements are no longer met.		
	15.	Requests for Assistance from District Office		18,
		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.		
		Intermediaries and Carriers		
		Dispose of these records in accordance with instructions for Part A and Part B Medicare Claims Records (see items B.l and B.2 of this schedule).		
* *************************************	16.	Intermediary Workload Report Files		37
	•	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		
				/



7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9, SAMPLE OR JOB NO.	10. ACTION TAK
	Included is Form SSA-1566, Health Insurance for the Aged Program Intermediary Workload Report, or its equivalent.		•
	<ul><li>a. BHI Headquarters</li><li>Destroy after 5 years.</li><li>b. Intermediaries and BHI Regional Offices</li></ul>	•	
	Destroy after 3 years.  17. Carrier Performance Report Files	•	38,
	Form SSA-1565, Health Insurance for the Aged Program Carrier Performance Reports, or equivalent documents prepared monthly by carriers to summarist 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.	1	
	a. BHI Headquarters  Destroy after 5 years.  b. Carriers and BHI Regional Offices		
	Destroy after 3 years.  18. Overpayment and Duplicate Charge Detection Activity Report Files		39,
-	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.  a. BHI Headquarters  Transfer to the FRC 3 years after the close		



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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
•	of the calendar year in which dated. Destroy 7 years thereafter.  b. Carriers and BHI Regional Offices  Destroy after 3 years.		
•	19. Medicare Beneficiary Correspondence Files  These files accumulate as a result of inquiries and complaints received by SSA district offices, headquarters offices, regional offices, and intermediaries and carriers.  All Offices		19,
	Destroy 1 year after the close of the calendar year in which dated; except where records are required to document a specific claim, reconsideration, appeal, or similar case, destroy in accordance with the instructions for the specific file.  20. Intermediary and Carrier Contract Files		a7,
	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.		
	Permanent. 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. Offer to the National Archives 10 years thereafter.  Destroy 3 years after supersession or	-	y 12 U Au - intest,

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# REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

	RECORDS—CONDI		-
7. ITEM NO.	8. DESCRIPTION OF ITEM  (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
			•
	termination, as applicable.		•
, '	21. Intermediary and Carrier Subcontract Files		28,
	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.  a. BHI Headquarters		
	Cut off file at the close of the calendar year in which agreement was terminated, hold I additional year, and transfer to the FRC. Destroy 5 years thereafter.  b. Intermediaries and Carriers		•
	Destroy 3 years after termination of agreement.		
	22. Contract Performance Review Visit Files  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.  a. BHI Headquarters		***
	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.  b. Other Offices		

Destroy after 2 years.

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7. ITEM HO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	ACTION TAKE
•	23. Provider Nomination Files		
•	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.		44,
	BHI Headquarters  Destroy 1 year after termination of provider participation.		
	24. Intermediary and Carrier Closing Agreements		46.
	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.		
	Transfer to the FRC 3 years after DHEW audit and final settlement. Use Records Group 217.  b. Intermediaties, Carriers, and BHI Regional Offices	Utain 2.	I was
·	Destroy 3 years after DHEW audit and final settlement.	1	un colore la resulta
·	25. Carrier Computer Printout Records  Computer printouts used in processing, paying, and controlling Part B Medicare claims.		47
	a. Pending and process listing, payment listing duplicate check control, master file update control, and profiles of physicians and other supplies of services.		
$\bigcap$	<u>Carriers</u>		
	Destroy 4 years after the close of the calendar year in which payment was made.		

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7 ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	SAMPLE OR JOB NO.	10. ACTION-TAKEN
		,	
	b. Check listing and bank reconciliation.		
	Carriers		
•	Destroy 6 years after the close of the	: ·	
•	calendar year in which paid or voided.		
	c. Query and query reply listing, transaction listing, activity listing, posting exceptions	• • •	Managara Angara
	analysis of posting errors,/claims inventory control, edit input transactions, and aging		
	of open claims.	-	
	Carriers		
	Destroy 3 years after processing. (Carriers with the capability of electronically)	•	
1	retaining the data contained in the query and query reply listing may destroy the		
,	paper copies after tapes have been verified).		
. :	26. Cost Report Files		48.
	Cost reports submitted by providers to intermed- iaries 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.		and the green
	a. BHI Headquarters		
٠.	(1) <u>Audited Reports and Those Settled</u> Without Audit		
	And the state of t		
	Retain for 3 years after completion of audit and/or settlement process and transfer to FRC. Destroy 5 years		
1	thereafter.		
	(2) <u>Unaudited Reports</u>	•	
,	Destroy 3 years after receipt.		

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REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS-Continuation Sheet

7. ПЕМ NO.	8. DESCRIPTION ENGINE (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10, ACTION TAKE!
			-

#### b. Intermediaries

Destroy 5 years after completion of audit and/or settlement process.

#### 27. Provider Certification Files

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.

- a. SSA Regional Offices
  - Destroy after 6 years.

#### b. State Agencies

(1) Nonparticipating Facilities

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.

### (2) Participating Facilities

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.

Destroy all other material after 3 years

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7. TTEM NO.	8. DESCRIPTION OF ITEM ' (WITH INCLUSIVE DATES OR RETEXTION PERIODS)	9. SAMPLE OR JOB NO.	10, ACTION TAKEN
• .	for hospitals and home health agencies and after 2 years for all other faciliti	2 <b>S</b> .	
	Retain the material for the two most recent certification actions in any event.		
	28. Provider Statistical and Reimbursement Reports	,	53
	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 settlement		
	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.	ċ	•
à <b>landitri di</b>	a. BHI Headquarters	•	
To the second se	Destroy printouts 3 years after the date issued. Destroy microfilm upon receipt and verification of subsequent film.		
	b. <u>Intermediaries</u>	,	
	Destroy 5 years after completion of audit and/or settlement process for provider cost report for corresponding fiscal year.		
	29. Medical Facilities Directory Files	Angle (Timber )	- 1 steen
	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		
$\widehat{}$	dates, termination codes, billing elections, radiological and laboratory services, total beds, nusring beds, and accreditation by Joint Commission on Accreditation of Hospitals and the American Osteopathic Association.	And the second s	



	REQUES	T FOR AUTHORITY TO DISPOSE OF RECORDS—Contin	ıuation She	et
7. ITEM NO.		8 असे घटराम देविभ उठ । जो पे (With Inclusive Dates on Retention Periods)	9. SAMPLE OR JOS NO.	10.
	30.	8 พม.พสารัยดารีตัว สารัน	9. SAMPLE OR JOS NO.	10.
	,	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		

#### BHI Headquarters

Permanent. Transfer to the FRC at the close of the calendar year in which terminated.

State agencies subcontract some Medicare functions to other governmental or private organizations.

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7. FTEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKE
	Mestray 20 years after class	e est	***************************************
•	Offer to the National Archives 20 years		
	b. Regional Offices		·
•			•
	Destroy 5 years after the close of the calend year in which terminated.	ar	•
	c. State Agencies		•
•	Dispose of according to State practice.		(3)
•	32. 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	•	
<b>&gt;</b>	operations, and other papers pertaining to		r
<i>(</i> )	reviews of State agency practices.		A STATE OF THE PARTY OF THE PAR
•	a. BHI Headquarters		•
	Destroy 5 years after the close of the calendar year in which dated.		·
-	b. State Agencies		
	Destroy after 3 years.		521
	(p·33) State Buy-In Agreements		7
/ / M	Agreements entered into with the State agencies by the Secretary of Health, Education, and		
DAY HAS	$n^0$ , Welfare under the provisions of section 1843 of		
TO OF IN	the Social Security Act. The agreements provide the Supplementary Medical Insurance	e	
بر ملانی ا	Program for certain individuals receiving money payments under State approved public assistance		
pland	plans.		
الوه أ	BHI Headquarters		
dr. o	Pormanent. Transfer to the FRC at the close		
W	of the calendar year in which terminated.		20
٠٢(	offer to the National Archives 20 years Il	Cym	au



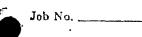


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7. TTEM NO.	8. DESCRIPTION で表 ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION-TAKE
3 .	b. Regional Offices		
	Destroy 5 years after the close of the calendar year in which terminated.		
	c. State Agencies		
	Dispose of according to State practices.		
	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.  BHI Headquarters and Regional Offices		58,
	Place in inactive file on receipt of subsequent review or after 2 years, whichever is earlier.  Destroy after 3 additional years.  35. Detailed Printouts (Depots)  EDP printouts showing individual bill and payment	•	56.
	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 8.28) to their own records by itemizing which bills have been processed by SSA and are included in the PS&R report.	Anders registrations designs and the second	•
	a. BHI Headquarters  Destroy printouts 3 years after the date issued.		
	b. <u>Intermediaries</u> Destroy 5 years after completion of audit and/or settlement process for provider cost report for corresponding fiscal year.	- -	





Page 20 of 21 pages

18. Interior Rate Listings  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.  BHI Readquartets  Destroy after 5 years.  37. Intermediary and Carrier Plan of Expenditures, submitted on November 15 and February 15 by the intermediaries and carriers to provide SSA with the basic data to analyze budger allotment status when compared to actual accrued and anticipated expenditures.  All Offices  Destroy 3 months after the close of the fiscal year.  38. Intermediary and Carrier Monthly Cybulative Cost Report Cumulative. The reports, with the exception of September, December, March and June, are submitted monthly by the intermediaries and carriers to aupplement the detailed quarterly reports thereby providing SSA with productivity and cost data on a 12 month cumulative basis.  All Offices  Destroy 3 months after the close of the fiscal year.  39. Provider Hearing Files  These files accumulate when a provider of services is dissatisfied with SSA's, determination that					
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.  EKH Headquarters  Destroy after 5 years.  37. Intermediary and Carrier Plan of Expenditure Report  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 allotwent status when compared to actual accrued and anticipated expenditures.  All Offices  Destroy 3 months after the close of the fiscal year.  38. Intermediary and Carrier Monthly Cymulative 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.  All Offices  Destroy 3 months after the close of the fiscal year.  39. Provider Hearing Files  These files accumulate when a provider of services			8. DECEMENTAL ESTABLIST SA SE (WITH INCLUSIVE DATES OR RETENTION PERIODS)	SAMPLE OR	
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These files accumulate when a provider of services		• ^		Mark	
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## REQUEST FOR AUTHORITY TO

7. ПЕН НО.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETEATION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	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 copie 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	.s	
	court review.  BHI Headquarters		
	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.	(	
	Policy Precedent Files  Policy memorandums, interpretations, clarifications	ns,	
	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.		rement:
6	BHI Headquarters Offices Responsible for Program  Policy Development  Passe questions	Repla-	numerica dispert
programme and other security and the second security and the second seco	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.	77 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	* # · ·
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retain for 4 years or until they are administratively

determined to be of no further value, whichever

occurs sooner, and then destroy.