

# NOTICE - SOME ITEMS SUPERSEDED OR OBSOLETE

Schedule Number: NC1-440-83-01

Some items in this schedule are either obsolete or have been superseded by new NARA approved records schedules. This information is accurate as of: **01/04/2023**

## **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These items, unless subsequently superseded, may be used by the agency to disposition records.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 other items are still considered 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## **SUPERSEDED AND OBSOLETE ITEMS**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 They are superseded, obsolete, filing instructions, non-records, or were lined off and not approved at the time of scheduling.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 as a courtesy. Some items listed here may have been previously annotated on the schedule itself.

**NC1-440-83-01 / 2/a and 2/b are superseded by DAA-0440-2015-0004-0001**

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

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

1 FROM (AGENCY OR ESTABLISHMENT)  
**HHS, Health Care Financing Administration**

2 MAJOR SUBDIVISION  
**Office of Management and Budget**

3 MINOR SUBDIVISION  
**Division of Communications Services**

4 NAME OF PERSON WITH WHOM TO CONFER  
**E. J. Frack**

5 TEL EXT  
**934-0040**

LEAVE BLANK

JOB NO  
**NC1-440-83-1**

DATE RECEIVED  
**10-19-82**

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the disposal request including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10

**10-26-82** *Dulles R. Nae*  
Date 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 3 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  
**10/12/82**

D SIGNATURE OF AGENCY REPRESENTATIVE  
*George E. Deal*  
**Dr. George E. DEAL**

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
1.	<p>BHI.g: 40-2</p> <p>II. <u>PROGRAM FILES</u></p> <p>A. <u>Part A Medicare Claims Records</u></p> <p>Forms HCFA-1453, Inpatient Hospital and Skilled Nursing Facility Admission and Billing; HCFA-1486, Inpatient Admission and Billing - Christian Science Sanatorium; HCFA-1487, Home Health Agency Report and Billing; and other documents used to support payments to providers of service, e.g., medical records or supporting documents.</p> <p>When fraud or overutilization of services is involved, the hardcopy claim shall be retained until the resolution of the investigation plus 3 months or revert to normal disposition, whichever is longer.</p>		

# INSTRUCTIONS

## General Instructions

Use Standard Form 115 (obtainable from supply depots of the Federal Supply Service, General Services Administration) and the continuation sheet Standard Form 115a (obtainable from the Records Disposition Division, Office of Federal Records Centers, National Archives and Records Service, Washington, DC 20408) to obtain authority to dispose of records or to request permanent retention of records. Detach the fifth copy from the set and keep as your reference copy. Submit the first four copies of the set to the National Archives and Records Service. This copy will be returned to the agency as notification of items that are authorized for disposal. Items withdrawn or not approved for disposal will be so marked. Each SF 115 requiring Comptroller General concurrence must be accompanied by a notification of approval from GAO.

## 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 be signed and dated on the four copies by the agency representative. The number of pages involved in the request should be inserted.

Box A should be checked if the records may be disposed of immediately. Box B should be checked if continuing disposal authority is requested or if permanent retention is requested. Only one box may be checked.

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 or retention. 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 disposal is to be made of the records, thus:

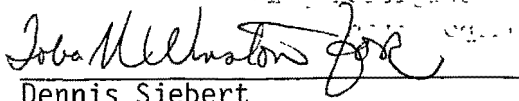
If immediate disposal is requested of past accumulations of records, the inclusive dates during which the records were produced should be stated.

If continuing disposal is requested for records that have accumulated or will continue to accumulate, 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, or otherwise reproduced or recorded on machine readable media, the retention period should read "Until ascertained that reproduced copies or recordings have been made in accordance with GSA regulations and are adequate substitutes for the paper records." Also, the provisions of FPMR § 101-11.5 should be observed.

Entry 9 should be checked if samples are submitted for an item. However, samples of the records are not required unless they are requested by the NARS appraiser. If an item has been previously submitted, the relevant job and item number should be entered.

Entry 10 should be left blank.

We concur with the attached SF-115

  
Dennis Siebert

Acting Director, Bureau of Program Operations

10/12/82

\*only if there is a corresponding master microform record that can be retained for the period indicated in b. below; otherwise, the hard copy shall be retained until the 6 years and 3 months period is reached.

1. For Intermediaries Who Microfilm Claims Records

a. Hardcopy Records

The hardcopy claim must be retained onsite until microform has been verified. Cut off at the close of the calendar year in which paid; then transfer to the FRC. Hardcopy may be destroyed 3 years after the cutoff\*. Earlier cutoff and transfer is authorized. However, the hardcopy must be retained 3 years after the close of the calendar year in which paid.

b. Microform Records

The master microform record must be retained 6 years and 3 months following the close of the calendar year in which paid.

2. For Intermediaries Who Do Not Microfilm Claims Records

Cut off at the close of the calendar year in which paid; then transfer to FRC. Destroy 6 years and 3 months thereafter. Earlier cutoff and transfer is authorized. However, the records must be retained for 6 years and 3 months following the close of the calendar year in which payment is made.

2. B. Part B Medicare Claims Records

All types of forms HCFA-1490, Request for Medicare Payments; HCFA-1500, Health Insurance Claims Forms; HCFA-1554, Provider Billing for Patient Services by Physicians; HCFA-1556, Prepayment Plan for Group Medical Practices Dealing Through a Carrier; HCFA-1600, Request for Claim Number Verification; HCFA, 1606, Payments Record Transmittal; HCFA-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.

When fraud or overutilization of services is involved the hardcopy claims records shall be retained until the resolution of the investigation plus 3 months or revert to normal disposition, whichever is longer.

1. For Carriers Who Microfilm Claims Records

a. Hardcopy Records

The hardcopy must be retained onsite until the microform has been verified. Cut off at the close of the calendar year in which paid; transfer hardcopy to the FRC. Destroy 3 years thereafter\*\* Earlier cutoff and transfer is authorized. However, the hardcopy must be retained 3 years after the close of the calendar year in which paid.

\*\*only if there is a corresponding master microform record that can be retained for the period indicated in b. below; otherwise, the hard copy shall be retained until the 4 years and 3 months period is reached.

b. Microform Records

The master microform records must be retained for 4<sup>\*\*\*</sup> years following the close of the calendar year in which payment is made.

2. For Carriers Who Do Not Microfilm Claims Records

Cut off at the close of the calendar year in which paid; transfer to the FRC. Destroy 4 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.

\*\*\* All references to "4 years" should read " 4 years and 3 months".