

INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE

Schedule Number: NC1-440-83-02

All items in this schedule are inactive. Items are either obsolete or have been superseded by newer NARA approved records schedules.

Description:

Superseded by DAA-0440-2015-0004-0001

Date Reported: 7/27/2023

NC1-440-83-02

INACTIVE - ALL ITEMS SUPERSEDED OR OBSOLETE

NMA 5

REQUEST FOR RECORDS DISPOSITION AUTHORITY
(See Instructions on reverse)

LEAVE BLANK	
JOB NO	NCL-440-83-2
DATE RECEIVED	5-2-83
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disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10	
<i>May 16 83</i> Date	<i>Robert G. May</i> Archivist of the United States

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

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 4/25/83	D. SIGNATURE OF AGENCY REPRESENTATIVE <i>George E. Deal</i> Dr. George E. Deal	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
1	BHI.g: 40-2 II. <u>Program Files</u> B. <u>Part B Medicare Claims Records</u> 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.		

3 items

All FRC's & Agency sent out 6-27-83 bu DMU.

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.

b. Microform Records

The master microform records must be retained for 6 years and 3 months following the close of the calendar year in which payment is made.

2. For Carriers who do not Microfilm Clams Records

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