REQUEST FOR RECORDS DISPOSITION AUTHORITY (See Instructions on reverse)			
		лов NO. N1-513	1-92-3
TO: GENERAL SERVICES ADMINISTRATION NATIONAL ARCHIVES AND RECORDS SERVICE, WAS	DATE RECEIVED	13-91	
1. FROM (Agency or establishment)		NOTIFICA	FION TO AGENCY
Department of Health and Human Services (DHHS)		In accordance with the provisions of 44 U.S.C. 3303a the disposal request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10. If no records	
2. MAJOR SUBDIVISION Public Health Service (PHS)			
3. MINOR SUBDIVISION Andian Health Service (IHS)		are proposed for dispose not required.	al, the signature of the Archivist is $\mathscr{A}$
4. MAME OF PERSON WITH WHOM TO CONFER	5. TELEPHONE EXT.	DATE ARCHIV	ST OF THE UNITED STATES
	301-443-2055	2-14-94 land	4 Hudemp Peterson
6. CERTIFICATE OF AGENCY REPRESENTATIVE	and the second	to the second	👔 an tha anna 👔 thair a th' the termine

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposal of the agency's records; that the records proposed for disposal in this Request of \_\_\_\_\_\_ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, if required under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies, is attached.

A. GAO concurrence: is attached; or X is unnecessary.

B. DATE 10/21/91	A. Prentice Barnes, Sr.	D. TITLE DHHS Records Management Officer
7. ITEM NO.	8. DESCRIPTION OF ITEM (With Inclusive Dates or Retention Pe	9. GRS OR 10. ACTION SUPERSEDED TAKEN
	Copies sent to agency NSR NNW	NAT NOF 4/22/062
115-108	0 // NSN 7540-00-834-4	





(1

# **SECTION 1 - INDIANS**

5<sup>11</sup>5

ITEM NO. TITLE AND DESCRIPTION OF RECORDS DISPOSITION AUTHORITY

1-1 RESERVED

## SECTION 2 - PAYMENT FOR SERVICES

ITEM

NO. TITLE AND DESCRIPTION OF RECORDS

DISPOSITION

AUTHORITY

2-1 MEDICARE DOCUMENTS FILE. Health Care Financing Administration (HCFA) 1500 Billing Forms, Uniform Billing (UB) 82 Forms, Fiscal Intermediary (FI), Notice of Professional Review Organization (PRO) Adjustments, Provider International Classification of Diseases (ICD) 9/Diagnosis Related Group (DRG) Surveys, remittance advice, Notice of Medicare Claim Determinations, Medicare Information Requests, adjustment explanations, suspended claims awaiting replies, Medicare cost reports, monthly/year-to-date reports, Medicare outpatient billing reports, Medicare patient lists and Consolidated Alphabetical State Files (CASF).

2-2 MEDICAID DOCUMENTS FILE. Statements of Remittance, Medicaid denial letters, claims correction letters, proposed regulations and correspondence from State Medicaid Human Services Department, eligibility/criteria manual updates, monthly/year-to-date billing/collection reports, patient registration reports, Medicaid billing reports, and Medicaid patient lists.

2-3 PRIVATE INSURANCE (PI) DOCUMENTS FILE. Reports of PI utilization batch verifications, facility orders, Area Office database posting logs, PI transmittal logs, PI inpatient/outpatient worksheets, monthly/year-to-date bill/collection reports, schedule of collections, field receipts, Explanation of Benefits (EOBs), HCFA 1500 Billing Forms, UB 82 Billing Forms, and Blue Cross/Blue Shield Dental Claim Forms.

2-4 PEER REVIEW ORGANIZATION (PRO) DOCUMENTS FILE. Manual updates for scope of work/criteria, DRG changes, denial letters, Notifications of Review Determinations, patient review abstracts, and <u>PRO-GRAM</u> newsletters.

a. Denied cases and cases submitted for reconsideration.

b. Other documents.

Cut off upon close of case. Transfer to the FRC when 3 years old. Destroy when 6 years, 3 months old.

Cut off upon close of case. Transfer to the FRC when 3 years old. Destroy when 6 years, 3 months old.

Cut off upon close of case. Transfer to the FRC when 3 years old. Destroy when 6 years, 3 months old.

Cut off on final decision. Destroy when 7 years old.

Cut off annually. Transfer to the FRC

# **SECTION 2 - PAYMENT FOR SERVICES**

# ITEM

NO. TITLE AND DESCRIPTION OF RECORDS

DISPOSITION

AUTHORITY

when 3 year old. Destroy when 5 years old.

2-5 OUTPATIENT FEE BASIS FILES. Tabulating cards, listings, and code sheets used to acquire and control fee basis medical services and to accumulate internal management data.

See Schedule V, Item 2-20.



# SECTION 3 - CONTRACT HEALTH SERVICES (CHS)

### ITEM

NO. TITLE AND DESCRIPTION OF RECORDS

DISPOSITION

**AUTHORITY** 

#### 3-1 **CONTRACT HEALTH SERVICES CLAIMS AD-**

JUDICATION FILE. Case files include appeals of denials for payment for Contract Health Services (CHS) and management determinations involving, if appropriate, medical records, eligibility for alternate resources, Federal regulations, IHS policies, existing case law and precedents, legal and/or medical opinions, documentation of events involved in each case, and other related documents.

#### 3-2 CATASTROPHIC HEALTH EMERGENCY FUND.

These files document the IHS-wide guidance of the management, monitoring and general oversight governing the usage of the Catastrophic Health Emergency Funds for high cost cases affecting IHS Areas and tribally operated facilities. Patient case files include those determined to be a "catastrophic illness" based on conditions that are costly by virtue of the intensity and/or duration of their treatment.

a. Patient case files

b. All other documents

3-3

Return to Medical **Records Section for** disposition in accordance with Schedule 3, Item 3-1.

Cut off at the end of the fiscal year. Destroy when 5 years old.

FISCAL INTERMEDIARY FILE. These files document the Cut off at the end of fiscal year. Destroy when 3 years old.

3-4 MEDICAL CONTRACT FILE. Case files including copies of public health contracts and related evaluation reports concerned with medical, dental, x-ray, clinical laboratories, contracts with physicians, institutions, and other groups, and related documents.

IHS-wide guidance of the management, monitoring and

general oversight governing the usage of the fiscal inter-

claims processing system for the IHS CHS Program.

mediary contract awarded to operate, on a nationwide basis, a

Cut off on administrative closeout. Transfer to the FRC when 2 years old. Destroy when 6 years, 3 months old.

Cut off on close of case. Destroy when 6 years, 3 months old.



# **SECTION 4 - OTHER BENEFICIARIES**

ITEM

NO. TITLE AND DESCRIPTION OF RECORDS DISPOSITION

TION AUTHORITY

4-1 RESERVED





# SECTION 5 - HEALTH SERVICES FOR INDIAN AND ALASKA NATIVE ADVANCED STUDENTS

ITEM

NO. TITLE AND DESCRIPTION OF RECORDS DISPOSITION

AUTHORITY

5-1 RESERVED