

**REQUEST FOR AUTHORITY
 TO DISPOSE OF RECORDS**

70 items (See Instructions on Reverse)

RG-47

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

LEAVE BLANK	
DATE RECEIVED MAY 28 1975	JOB NO.
DATE APPROVED	NC - 47-75-23

1 FROM (AGENCY OR ESTABLISHMENT)

Department of Health, Education, and Welfare

2 MAJOR SUBDIVISION

Social Security Administration

3. MINOR SUBDIVISION

Bureau of Health Insurance

4. NAME OF PERSON WITH WHOM TO CONFER

George S. Yamamura

5. TEL. EXT.

45770

NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U.S.C. 3503a the disposal request, including amendments, is approved except for items that may be stamped "disposal not approved" or "withdrawn" in column 10

7-23-75 James P. O'Neill
 Date acting Archivist of the United States

6. CERTIFICATE OF AGENCY REPRESENTATIVE

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

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

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

5/14/75
 (Date)

George S. Yamamura
 (Signature of Agency Representative)

SSA Records Officer
 (Title)

7. ITEM NO	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO	10. ACTION TAKEN
	<p style="text-align: center;"><u>Records Retention and Disposal Schedule</u> <u>Health Insurance for the Aged and Disabled Program (Medicare)</u></p> <p>The files described in this schedule are created in the administration of the Hospital Insurance (Part A) and Supplementary Medical Insurance (Part B) Programs pursuant to Title XVIII of the Social Security Act, as amended. They are accumulated by intermediaries, carriers, State agencies, and the Bureau of Health Insurance (BHI) headquarters and regional offices.</p> <p><u>A. General Program Administration Files</u></p> <p>1. <u>Medicare Instructions Files</u></p> <p>Manuals, directives, handbooks, and other formal policy and procedural issuances prepared and published by BHI components. Included are Part A and Part B Intermediary Manuals, numbered intermediary letters, regulations, provider manuals, Administrative Directives System issuances, and similar material.</p> <p>a. <u>BHI Headquarters Offices Responsible for Instructions Coordination</u></p> <p>Permanent. Close file when publication is superseded or discontinued. Hold 2 years and then transfer to the Federal Records Center (FRC). Offer to the National Archives 10 years thereafter.</p>		

Copies to Agency & All Centers 7/25/75 CA

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	<p>b. <u>Other Offices</u></p> <p>Destroy when superseded or discontinued.</p> <p>2. <u>Medicare Instructions Background Files</u></p> <p>Records accumulated in the preparation, clearance, and publication of manuals, directives, handbooks, and other formal policy and procedural issuances. Included are studies, clearance comments, recommendations, and similar records which provide a basis for publication or contribute to the content of the issuance.</p> <p>a. <u>BHI Headquarters Offices Responsible for Instructions Coordination</u></p> <p>Transfer to the FRC when no longer needed for current operations. Destroy 10 years thereafter.</p> <p>b. <u>Other Offices</u></p> <p>Destroy 2 years after the close of the calendar year in which dated.</p> <p>3. <u>Administrative Files</u></p> <p>Files created by most offices in the performance of their assigned functions.</p> <p>a. Official file copies of outgoing correspondence relating to office functions.</p> <p>b. Comments on draft reports, studies, and proposals prepared by other offices.</p> <p>c. Contributions to and/or comments on legislation or public information materials.</p> <p>d. Suggestion evaluations.</p> <p>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).</p>		

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	<p style="text-align: center;"><u>All Offices</u></p> <p style="text-align: center;">Destroy 2 years after the close of the calendar year in which dated.</p> <p>B. <u>Program Files</u></p> <p>1. <u>Part A Medicare Claims Records</u></p> <p>Forms SSA-1453, Inpatient Hospital and Skilled Nursing Facility Admission and Billing; SSA-1486, Inpatient Admission and Billing - Christian Science Sanatorium; SSA-1487, Home Health Agency Report and Billing; and other documents used to support payments to providers of service.</p> <p style="text-align: center;"><u>Intermediaries</u></p> <p>Cut off at the close of the calendar year in which paid; hold 2 additional years, and then transfer to the FRC. Destroy 6 years thereafter. Earlier cutoff and transfer is authorized; however, the records must be retained for 8 years following the close of the calendar year in which payment is made.</p> <p>2. <u>Part B Medicare Claims Records</u></p> <p>Forms SSA-1490, Request for Medicare Payment; SSA-1554, Provider Billing for Patient Services by Physicians; SSA-1556, Prepayment Plan for Group Medical Practices Dealing Through a Carrier; SSA-1600, Request for Claim Number Verification; SSA-1606, Payment Record Transmittal; SSA-1660, Request for Information, Medicare Payment for Services to a Patient Now Deceased; and similar forms. Also included are itemized bills, correspondence, and comparable documents used to support payments to beneficiaries, physicians, and other suppliers of service under the Supplementary Medical Insurance Program.</p> <p style="text-align: center;"><u>Carriers</u></p> <p>Cut off at the close of the calendar year in which paid, hold 2 additional years, and transfer</p>		

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	<p>to the FRC. Destroy 2 years thereafter. Earlier cut off and transfer is authorized; however, the records must be retained for 4 years following the close of the calendar year in which payment is made.</p> <p>3. <u>Medicare Benefit Check Records</u></p> <p>Paid checks which intermediaries and carriers receive from banks covering amounts paid to providers of service, beneficiaries, physicians, and other suppliers of service under the Hospital Insurance and Supplementary Medical Insurance Programs. Also included are check vouchers and cancelled or voided checks resulting from nonreceipt, loss, theft, or nondelivery.</p> <p><u>Intermediaries and Carriers</u></p> <p>Cut off at the close of the calendar year in which paid, or voided, as applicable, hold 1 additional year, and then transfer to the FRC. Destroy 5 years thereafter.</p> <p>4. <u>Explanation of Medicare Benefit Records</u></p> <p>Utilization and explanation of benefit notices used to advise beneficiaries about remaining Part A benefits, Part A and Part B deductible status, and about applying for complementary health benefits. These notices are prepared and sent to beneficiaries either by SSA intermediaries or carriers. Included are Forms SSA-1533, Medicare Hospital, Extended Care and Home Health Benefits Record, RR-100, Part A Hospital Insurance Benefits Record; and forms that are developed locally by carriers regarding explanation of Medicare benefits.</p> <p><u>Intermediaries and Carriers</u></p> <p>Cut off at the close of the calendar year in which benefit was paid or denied, as applicable, hold 1 additional year and then transfer to the FRC. Destroy 5 years thereafter.</p>		

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	<p>5. <u>Reconsideration and Hearing Case Files-- Hospital Insurance Program</u></p> <p>Reconsideration records accumulate when a beneficiary or his representative is dissatisfied with an initial determination as to the amount of benefits payable on the beneficiary's behalf under the Hospital Insurance Program and files either an expressed or implied request for reconsideration. Hearing case records accumulate when a beneficiary or his representative is dissatisfied with the reconsideration determination and requests a hearing; and if still dissatisfied after the hearing, files for a subsequent court review. Included are Forms HA-501, Request for Hearing; SSA-561, Request for Reconsideration; or their equivalents. Also included is evidence furnished by beneficiaries or their representatives, correspondence, SSA determinations, Administrative Law Judge decisions, original bills, Appeals Council decisions, and similar material.</p> <p><u>BHI Headquarters</u></p> <p>Place in inactive file upon final action on the case. Cut off inactive file at the close of the calendar year in which final action was taken, hold 2 additional years, and transfer to the FRC. Destroy 5 years thereafter.</p> <p><u>Intermediaries</u></p> <p>Dispose of these records in accordance with instructions for Part A Medicare Claims Records (see item B.1 of this schedule).</p> <p>6. <u>Review and Fair Hearing Case Files-- Supplementary Medical Insurance Program</u></p> <p>Files accumulated when a beneficiary, physician, provider, or other supplier of service is dissatisfied with the carrier's determination denying a request for payment, or with the amount of the payment, or when he/she believes that the request for payment is not being acted upon with reasonable promptness. Included are copies of claimant's requests for review, together with</p>		

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	<p>relevant written statements or evidence, notices of adverse informal review decisions, requests for hearings to protest the adverse decisions, hearings proceedings, hearing officers' final decisions, and other comparable papers.</p> <p><u>Carriers</u></p> <p>Place in inactive file upon final action on the case. Cut off inactive file at the close of the calendar year in which final action was taken, hold 2 additional years, and transfer to the FRC. Destroy 5 years thereafter.</p> <p>7. <u>Health Insurance Program Integrity Case Files</u></p> <p>Files accumulated as a result of allegations or complaints of program abuse or potential fraud by physicians and other providers of services pursuant to sections 206,208, 1106, and 1107 of the Social Security Act. They consist of complaints from beneficiaries or other sources that are referred to district offices, regional offices, intermediaries, carriers, etc. Included are correspondence, forms, and other papers used in developing and investigating complaints, such as exhibits, copies of claims forms, bills, medical records, investigative reports, fiscal records, and other pertinent physician and provider records.</p> <p><u>BHI Headquarters and Regional Offices</u></p> <p>Place in inactive file after final action on the case. Cut off inactive file at the close of the calendar year in which final action was taken, hold 2 additional years, and then transfer to the FRC. Destroy 3 years thereafter.</p> <p>8. <u>Intermediary and Carrier Budget Estimate and Justification Files</u></p> <p>Forms SSA-1523 and SSA-1524, Estimate of Administrative Costs and Credits, and comparable papers used by the intermediaries and carriers to submit their annual cost estimates for administering the Hospital Insurance and Supplementary Medical Insurance Programs.</p>		

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	<p>Also included are justifications, correspondence on specific budget estimates, and supporting data along with the notification of budget approval, such as Forms SSA-1525, and SSA-1526, Notice of Budget Approval; SSA-2598 and SSA-2599, Approved Budget Distribution, Estimate of Administrative Costs; and similar papers.</p> <p>a. <u>BHI Headquarters</u></p> <p>Transfer to the SSA Holding Area 2 years after the end of budget year. Destroy 3 years thereafter.</p> <p>b. <u>Intermediaries, Carriers, and BHI Regional Offices</u></p> <p>Destroy 3 years after DHEW audit and final settlement.</p> <p>9. <u>Intermediary and Carrier Interim Expenditure Report Files</u></p> <p>Quarterly reports of expenditures made by the intermediaries and carriers since the beginning of the fiscal year. Included are Forms SSA-1527, and SSA-1528, Cumulative Interim Expenditure Report and Budget, or their equivalents. Also included are supplemental schedules.</p> <p>a. <u>BHI Headquarters</u></p> <p>Destroy after 7 years.</p> <p>b. <u>Intermediaries, Carriers, and BHI Regional Offices</u></p> <p>Destroy 3 years after DHEW audit and final settlement.</p> <p>10. <u>Intermediary and Carrier Final Administrative Cost Proposal and Audit Files</u></p> <p>Forms SSA-1615, and SSA-1616, Final Administrative Cost Proposals, and DHEW or GAO audit reports of intermediary and carrier administrative costs and benefit payments. Included are other documents supporting the amount of requested and approved reimbursement. The files are used as a basis</p>		

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	<p>for final settlement of allowable costs.</p> <p><u>All Offices</u></p> <p>Destroy 3 years after DHEW audit and final settlement.</p> <p>11. <u>Intermediary and Carrier Letter of Credit Files</u></p> <p>Records authorizing a Federal Reserve Bank to disburse funds to designated intermediaries and carriers on behalf of SSA upon presentation of payment vouchers to a commercial bank for collection through a Federal Reserve System. Included is Standard Form (SF) 1193, Letter of Credit, or its equivalent, and amending letters.</p> <p><u>All Offices</u></p> <p>Destroy 3 years after the year in which cancelled.</p> <p>12. <u>Intermediary and Carrier Payment Vouchers and Transmittal Files</u></p> <p>SF 218, Payment Voucher on Letter of Credit, and similar documents prepared by the intermediaries and carriers to obtain Federal funds from selected commercial banks for expenses incurred in administering the Health Insurance and Supplementary Medical Insurance Programs. Also included is SSA-1521, Payment Voucher on Letter of Credit Transmittal, a transmittal that forwards copies of payment vouchers to SSA and shows the purpose for which funds were drawn, i.e., hospital insurance benefits, supplementary medical insurance benefits, administrative costs and total amount of payment vouchers.</p> <p>a. <u>BHI Headquarters</u></p> <p>Destroy after 18 months.</p> <p>b. <u>Intermediaries and Carriers</u></p> <p>Destroy after DHEW audit and final settlement.</p>		

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	<p>13. <u>Intermediary and Carrier Monthly Financial Report Files</u></p> <p>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.</p> <p><u>All Offices</u></p> <p>Destroy after DHEW audit and final settlement.</p> <p>14. <u>Ambulance Services Certification Files</u></p> <p>Certifications of suppliers of ambulance services.</p> <p><u>Carriers</u></p> <p>Destroy 1 year after the close of the calendar year in which certification requirements are no longer met.</p> <p>15. <u>Requests for Assistance from District Office</u></p> <p>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.</p> <p><u>Intermediaries and Carriers</u></p> <p>Dispose of these records in accordance with instructions for Part A and Part B Medicare Claims Records (see items B.1 and B.2 of this schedule).</p> <p>16. <u>Intermediary Workload Report Files</u></p> <p>Monthly statistical reports on the status of intermediary workloads used by SSA to identify basic management data needed for budgeting, financing, work planning, and progress evaluation.</p>		

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	<p>Included is Form SSA-1566, Health Insurance for the Aged Program Intermediary Workload Report, or its equivalent.</p> <p>a. <u>BHI Headquarters</u> Destroy after 5 years.</p> <p>b. <u>Intermediaries and BHI Regional Offices</u> Destroy after 3 years.</p> <p>17. <u>Carrier Performance Report Files</u> Form SSA-1565, Health Insurance for the Aged Program Carrier Performance Reports, or equivalent documents prepared monthly by carriers to summarize their performance in processing claims under the Supplementary Medical Insurance Program. The information contained in these reports provides management information needed for budgeting, financing, work planning, performance evaluation, and identifying operating problems.</p> <p>a. <u>BHI Headquarters</u> Destroy after 5 years.</p> <p>b. <u>Carriers and BHI Regional Offices</u> Destroy after 3 years.</p> <p>18. <u>Overpayment and Duplicate Charge Detection Activity Report Files</u> Quarterly reports prepared by each carrier and sent to SSA summarizing overpayment and duplicate charge detection activities carried out during each calendar quarter. The reports are used to tabulate data on the number of cases in which carrier recovers an overpayment, the total dollar amount of money overpaid, causes of overpayments, number of duplicated charges detected, and similar information.</p> <p>a. <u>BHI Headquarters</u> Transfer to the FRC 3 years after the close</p>		

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	<p>of the calendar year in which dated. Destroy 7 years thereafter.</p> <p>b. <u>Carriers and BHI Regional Offices</u></p> <p>Destroy after 3 years.</p> <p>19. <u>Medicare Beneficiary Correspondence Files</u></p> <p>These files accumulate as a result of inquiries, and complaints received by SSA district offices, headquarters offices, regional offices, and intermediaries and carriers.</p> <p><u>All Offices</u></p> <p>Destroy 1 year after the close of the calendar year in which dated; <u>except</u> where records are required to document a specific claim, reconsideration, appeal, or similar case, destroy in accordance with the instructions for the specific file.</p> <p>20. <u>Intermediary and Carrier Contract Files</u></p> <p>Agreements entered into with intermediaries and carriers by the Secretary of Health, Education and Welfare under the provisions of sections 1816 and 1842 of the Social Security Act by which the intermediaries and carriers agree to perform certain functions in administering the Hospital Insurance and Supplementary Medical Insurance Programs. As such, they provide basic documentation of the manner in which these programs are implemented. Included are modifications and amendments.</p> <p>a. <u>BHI Headquarters</u></p> <p>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.</p> <p>b. <u>Intermediaries and Carriers</u></p> <p>Destroy 3 years after supersession or</p>		

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	<p>termination, as applicable.</p> <p>21. <u>Intermediary and Carrier Subcontract Files</u></p> <p>Copies of intermediaries' agreements with subcontractors regarding performance of audits and the providers' costs, leases for building space, equipment, consulting, and other services. Included are SSA approvals, amendments, and similar papers.</p> <p>a. <u>BHI Headquarters</u></p> <p>Cut off file at the close of the calendar year in which agreement was terminated, hold 1 additional year, and transfer to the FRC. Destroy 5 years thereafter.</p> <p>b. <u>Intermediaries and Carriers</u></p> <p>Destroy 3 years after termination of agreement.</p> <p>22. <u>Contract Performance Review Visit Files</u></p> <p>Documents relating to scheduled or special visits to intermediaries and carriers to review their Medicare operations and to determine the degree of adherence to established policy, adequacy of service to the public, and to verify the accuracy of reporting. Included are reports of staff visits, followup reports, communications concerning improvements in operations, and other documents relating to contract performance review visits.</p> <p>a. <u>BHI Headquarters</u></p> <p>Cut off at the close of the calendar year in which action on the review is completed, hold 2 years, and then transfer to the FRC. Destroy 4 years thereafter.</p> <p>b. <u>Other Offices</u></p> <p>Destroy after 2 years.</p>		

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	<p>23. <u>Provider Nomination Files</u></p> <p>Letters from providers of services stating their choice of intermediary, including changes of ownership and intermediaries. Also included are letters to intermediaries listing providers who have nominated them and letters used to update provider listings.</p> <p><u>BHI Headquarters</u></p> <p>Destroy 1 year after termination of provider participation.</p> <p>24. <u>Intermediary and Carrier Closing Agreements</u></p> <p>These files contain the accepted final settlement for all intermediary and carrier costs of administration and consist of the Closing Agreement, Appendix, and Schedules of Balances due the Intermediary, Carrier or Secretary.</p> <p>a. <u>BHI Headquarters</u></p> <p>Transfer to the FRC 3 years after DHEW audit and final settlement. Use Records Group 217.</p> <p>b. <u>Intermediaries, Carriers, and BHI Regional Offices</u></p> <p>Destroy 3 years after DHEW audit and final settlement.</p> <p>25. <u>Carrier Computer Printout Records</u></p> <p>Computer printouts used in processing, paying, and controlling Part B Medicare claims.</p> <p>a. Pending and process listing, payment listing, duplicate check control, master file update control, and profiles of physicians and other supplies of services.</p> <p><u>Carriers</u></p> <p>Destroy 4 years after the close of the calendar year in which payment was made.</p>		

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	<p>b. Check listing and bank reconciliation.</p> <p><u>Carriers</u></p> <p>Destroy 6 years after the close of the calendar year in which paid or voided.</p> <p>c. Query and query reply listing, transaction listing, activity listing, posting exceptions analysis of posting errors, claims inventory control, edit input transactions, and aging of open claims.</p> <p><u>Carriers</u></p> <p>Destroy 3 years after processing. (Carriers with the capability of electronically retaining the data contained in the query and query reply listing may destroy the paper copies after tapes have been verified).</p> <p>26. <u>Cost Report Files</u></p> <p>Cost reports submitted by providers to intermediaries for the purpose of determining Medicare reimbursable costs. Each cost report contains a provider's statement of reimbursable cost, cost-finding schedules, auditor's comments, final settlement letters and other data necessary to determine reimbursable costs, prepared in accordance with regulations and the principles of reimbursement.</p> <p>a. <u>BHI Headquarters</u></p> <p>(1) <u>Audited Reports and Those Settled Without Audit</u></p> <p>Retain for 3 years after completion of audit and/or settlement process and transfer to FRC. Destroy 5 years thereafter.</p> <p>(2) <u>Unaudited Reports</u></p> <p>Destroy 3 years after receipt.</p>		

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

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	<p>for hospitals and home health agencies and after 2 years for all other facilities.</p> <p>Retain the material for the two most recent certification actions in any event.</p> <p>28. <u>Provider Statistical and Reimbursement Reports</u></p> <p>EDP printouts or microfilms showing summaries of payments to hospitals, skilled nursing facilities, home health agencies, and other providers of service. They are used to effect cost settlements between the intermediaries and the providers for program validation purposes, and to determine accuracy of cost reports. These reports contain Part A and Part B inpatient and outpatient information, inpatient statistics, total bills, covered costs, and other related data.</p> <p>a. <u>BHI Headquarters</u></p> <p>Destroy printouts 3 years after the date issued. Destroy microfilm upon receipt and verification of subsequent film.</p> <p>b. <u>Intermediaries</u></p> <p>Destroy 5 years after completion of audit and/or settlement process for provider cost report for corresponding fiscal year.</p> <p>29. <u>Medical Facilities Directory Files</u></p> <p>Listings of providers of service showing provider identification and intermediary numbers, effective date, and city where located. Also included are alphabetical listings of facilities by State, cities within the State, and facility name within city. These lists contain mailing addresses, provider numbers, intermediary numbers, effective dates, termination codes, billing elections, radiological and laboratory services, total beds, nursing beds, and accreditation by Joint Commission on Accreditation of Hospitals and the American Osteopathic Association.</p>		

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	<p><u>All Offices</u></p> <p>Destroy when superseded or obsolete.</p> <p>30. <u>State Agency Budget and Financial Report Files</u></p> <p>Files used to estimate, justify, and approve State agency health insurance program costs, and to account for funds received and expended by the State agencies. Included are Forms SSA-1465, State Agency Budget Request; SSA-1465A, State Agency Budget List of Positions; SSA-1466, State Agency Schedule for Equipment Purchases; SSA-1467, State Agency Budget Notice of Approval; SSA-1468, Notice to State Agency; SSA-1469, Financial Accountability Statement; SSA-1469A, Quarterly Expenditure Report; and indirect cost forms.</p> <p>a. <u>BHI Headquarters and Regional Offices</u></p> <p>Destroy 6 years following the close of the budget year.</p> <p>b. <u>State Agencies</u></p> <p>Destroy 3 years after DHEW audit or 5 years after the close of the budget year whichever is earlier.</p> <p>31. <u>State Agreements</u></p> <p>Agreements entered into with the State agencies by the Secretary of Health, Education, and Welfare under the provisions of section 1864 of the Social Security Act, by which the State agency assists SSA in determining whether health care providers and suppliers meet and continue to meet the requirements for coverage or participation. Also included are "subagreements" by which State agencies subcontract some Medicare functions to other governmental or private organizations.</p> <p>a. <u>BHI Headquarters</u></p> <p>Permanent. Transfer to the FRC at the close of the calendar year in which terminated.</p>		

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

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	<p>Offer to the National Archives 20 years thereafter.</p> <p>b. <u>Regional Offices</u></p> <p>Destroy 5 years after the close of the calendar year in which terminated.</p> <p>c. <u>State Agencies</u></p> <p>Dispose of according to State practice.</p> <p>32. <u>State Agency Review Files</u></p> <p>Documents relating to administrative review of State agency operations and certification procedures. Included are reports of visits, communications concerning improvements in operations, and other papers pertaining to reviews of State agency practices.</p> <p>a. <u>BHI Headquarters</u></p> <p>Destroy 5 years after the close of the calendar year in which dated.</p> <p>b. <u>State Agencies</u></p> <p>Destroy after 3 years.</p> <p>33. <u>State Buy-In Agreements</u></p> <p>Agreements entered into with the State agencies by the Secretary of Health, Education, and Welfare under the provisions of section 1843 of the Social Security Act. The agreements provide coverage under the Supplementary Medical Insurance Program for certain individuals receiving money payments under State approved public assistance plans.</p> <p>a. <u>BHI Headquarters</u></p> <p>Permanent. Transfer to the FRC at the close of the calendar year in which terminated. Offer to the National Archives 20 years thereafter.</p>		

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	<p>b. <u>Regional Offices</u></p> <p>Destroy 5 years after the close of the calendar year in which terminated.</p> <p>c. <u>State Agencies</u></p> <p>Dispose of according to State practices.</p> <p>34. <u>Program Validation Reviews</u></p> <p>Documents relating to program validation reviews conducted to identify the degree to which program provisions are being properly applied by the providers of health care services. Included are validation review visit reports, schedules of planned validation reviews, notice of visits, and other papers directly related to the program validation review process.</p> <p><u>BHI Headquarters and Regional Offices</u></p> <p>Place in inactive file on receipt of subsequent review or after 2 years, whichever is earlier. Destroy after 3 additional years.</p> <p>35. <u>Detailed Printouts (Depots)</u></p> <p>EDP printouts showing individual bill and payment information for hospitals, skilled nursing facilities, home health agencies, and other providers of service. These reports are used by intermediaries and providers to reconcile the Provider Statistical and Reimbursement Reports (see item B.28) to their own records by itemizing which bills have been processed by SSA and are included in the PS&R report.</p> <p>a. <u>BHI Headquarters</u></p> <p>Destroy printouts 3 years after the date issued.</p> <p>b. <u>Intermediaries</u></p> <p>Destroy 5 years after completion of audit and/or settlement process for provider cost report for corresponding fiscal year.</p>		

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	<p>36. <u>Interim Rate Listings</u></p> <p>Listings of interim rates in use by intermediaries in making interim payments to hospitals, skilled nursing facilities, home health agencies, and other providers of services. These listings are used as a source of information and for studies.</p> <p><u>BHI Headquarters</u></p> <p>Destroy after 5 years.</p> <p>37. <u>Intermediary and Carrier Plan of Expenditure Report</u></p> <p>Forms SSA-2582 and SSA-2583, Plan of Expenditures, submitted on November 15 and February 15 by the intermediaries and carriers to provide SSA with the basic data to analyze budget allotment status when compared to actual accrued and anticipated expenditures.</p> <p><u>All Offices</u></p> <p>Destroy 3 months after the close of the fiscal year.</p> <p>38. <u>Intermediary and Carrier Monthly Cumulative Cost Report</u></p> <p>Forms SSA-2584 and SSA-2585, Monthly Cost Report-Cumulative. The reports, with the exception of September, December, March and June, are submitted monthly by the intermediaries and carriers to supplement the detailed quarterly reports thereby providing SSA with productivity and cost data on a 12 month cumulative basis.</p> <p><u>All Offices</u></p> <p>Destroy 3 months after the close of the fiscal year.</p> <p>39. <u>Provider Hearing Files</u></p> <p>These files accumulate when a provider of services is dissatisfied with SSA's determination that</p>		

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	<p>it does not meet the conditions for participation in the Medicare program and requests an administrative hearing on the matter. The documents are used by SSA to support its initial determination at the hearing. Included are copies of provider inspection reports, correspondence, and similar records relating to provider operations. After the hearing, the files must be retained in the event that the provider seeks court review.</p> <p><u>BHI Headquarters</u></p> <p>Transfer to the SSA Records Holding Area at the close of the calendar year in which hearing is held. Hold for 2 years and then transfer to the FRC. Destroy 5 years thereafter.</p> <p>40. <u>Policy Precedent Files</u></p> <p>Policy memorandums, interpretations, clarifications, and similar records which serve as precedent for future program policy determinations. The files are accumulated by BHI headquarters offices responsible for program policy development.</p> <p><u>BHI Headquarters Offices Responsible for Program Policy Development</u></p> <p><i>Permanent.</i> Review files at the close of each calendar year. Remove documents which do not have continuing applicability and transfer to the FRC. Offer to the National Archives 20 years thereafter.</p>		