

**REQUEST FOR AUTHORITY  
 TO DISPOSE OF RECORDS**

(See Instructions on Reverse)

*RE 47*

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

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

Arthur J. Benner

5. TEL. EXT.

130 5945771

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.

*Russell O. Hess*

Russell O. Hess

(Signature of Agency Representative)

Dept. Records Mgt Officer

(Title)

LEAVE BLANK	
DATE RECEIVED <b>FEB 01 1974</b>	JOB NO.
DATE APPROVED <b>NC 174-133</b>	

NOTIFICATION TO AGENCY

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 91-287 DISPOSAL OF ITEMS MARKED "DISPOSAL APPROVED" IS AUTHORIZED.

3-12-74 *James B. Rood*  
 DATE ARCHIVIST OF THE UNITED STATES

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
29.	<p><i>GAO concurrence is being sought by SSA.</i></p> <p><u>Cost Report Files</u>                      These files consist of 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>                      Retain for 3 years after completion of audit and/or settlement process and transfer to FRC. Destroy 5 years after receipt in FRC.</p> <p>2. <u>Unaudited Reports</u>                      Destroy 3 years after receipt or when they have served their purpose, whichever is earlier.</p> <p>b.) <u>Intermediaries</u></p> <p>1. <u>Audited and Unaudited Reports</u>                      Destroy 5 years after completion of audit and/or settlement process.</p>		<p>DISPOSAL APPROVED</p> <p>DISPOSAL APPROVED</p> <p>DISPOSAL APPROVED</p>

*Changes in numbering with approval of BHI*

**REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet**

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>31. <u>Provider Statistical and Reimbursement Reports</u></p> <p>These reports are 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 or when they have served their purpose, whichever is earlier. Destroy microfilm upon receipt of subsequent film.</p> <p>b.) <u>Intermediaries</u></p> <p>Destroy 5 years after completion of audit and/or settlement process of provider cost report for corresponding fiscal year.</p> <p>38. <u>Detailed Printouts (Depots)</u></p> <p>These reports are 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 31) to their own records by itemizing which bills have been processed by SSA and are included in the PS&amp;R report.</p> <p>a.) <u>BHI Headquarters</u></p> <p>Destroy printouts 3 years after the date issued or when they have served their purpose, whichever is earlier.</p>		<p>DISPOSAL APPROVED</p> <p>DISPOSAL APPROVED</p> <p>DISPOSAL APPROVED</p>

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p><u>B.) Intermediaries</u>                      Destroy 5 years after completion of audit and/or settlement process or provider cost report for corresponding fiscal year.</p> <p>39. <u>Interim Rate Listings</u>                      These files consist of 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>                      Destroy after 5 years.</p>		<p>DISPOSAL APPROVED</p> <p>DISPOSAL APPROVED</p>

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10 ACTION TAKEN
	<p>2. <u>Office Responsible for Maintaining Record Sets</u> Close file on supersession or discontinuance of the publication hold <u>two years</u>. Transfer to Federal Records Center for indefinite retention.</p> <p>6. <u>Office Maintaining Reference Copies</u> Destroy when superseded or no longer needed for reference.</p> <p>28. <u>Carrier Computer Printout Records</u> These files consist of computer printouts used in processing, paying, and controlling "Part B" Medicare Claims.</p> <p style="padding-left: 40px;">a. Pending and process listing, payment listing, duplicate check control, master file update control, and profiles of physicians and other suppliers or services.</p> <p style="padding-left: 80px;">Destroy 4 years after the close of the calendar year in which payment was made.</p> <p style="padding-left: 40px;">b. Check listing and bank reconciliation.</p> <p style="padding-left: 80px;">Destroy 6 years after the close of the calendar year in which paid or voided.</p> <p style="padding-left: 40px;">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 style="padding-left: 80px;">Destroy 3 years: after payment or when no longer required for current operations, whichever is longer.</p> <p>29. <u>Cost Report Files</u> These files consist of 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</p>		<p>DISPOSAL NOT APPROVED</p> <p>DISPOSAL APPROVED</p> <p>DISPOSAL APPROVED</p> <p>DISPOSAL APPROVED</p> <p>DISPOSAL APPROVED</p>

**REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet**

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>settlement letters, and other data necessary to determine reimbursable costs, prepared in accordance with regulations and the principles of reimbursement.</p> <p>a. <u>Intermediaries</u> Destroy 3 years after HEW audit or 5 years after date the report was filed, whichever is earlier.</p> <p>b. <u>SSA Official File Copies</u> Retain for 3 years after completion of audit and settlement process and transfer to Federal Records Center. Destroy 5 years after receipt in FRC.</p> <p>30. <u>Provider Certification Files</u> 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.</p> <p>a. <u>State Agencies</u> <u>Nonparticipating Facilities</u> 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>b. <u>Participating Facilities</u> Retain a facility's current utilization review plan (hospitals and extended care facilities), transfer agreements (ECF's), and floor plan or physical plant layout. Destroy all other material after 3 years for hospitals and home health agencies and after 2 years for all other facilities, but retain the material for the two most recent certification actions, in any event.</p>		<p>DISPOSAL APPROVED</p> <p>DISPOSAL APPROVED</p> <p>DISPOSAL APPROVED</p> <p>DISPOSAL NOT APPROVED</p> <p>DISPOSAL APPROVED</p> <p>DISPOSAL NOT APPROVED</p> <p>DISPOSAL APPROVED</p> <p>DISPOSAL NOT APPROVED</p>

REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS—Continuation Sheet

7. ITEM NO.	8. DESCRIPTION OF ITEM (WITH INCLUSIVE DATES OR RETENTION PERIODS)	9. SAMPLE OR JOB NO.	10. ACTION TAKEN
	<p>31. <u>Provider Statistical and Reimbursement Reports</u>                      These files are EDP printouts showing summaries of payments made to hospitals, extended care 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 and they contain Part A and Part B inpatient and outpatient information, inpatient statistics, total bills, covered costs, and other data.</p> <p>b. <u>Intermediaries and Carriers</u>                      Destroy 3 years after DHEW audit or 5 years after the date the report was filed, whichever is earlier.</p> <p>c. <u>SSA Official File Copies</u>                      Destroy 5 years after the date in which issued.</p> <p>32. <u>Medical Facilities Directory Files</u>                      These are listings of providers of service showing provider identification number and intermediary number, 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 Commissioner of Accreditation of Hospital and the American Osteopathic Association.</p> <p>a. <u>SSA Official File Copies</u>                      Retain record set indefinitely.</p> <p>b. <u>All Other Copies</u>                      Destroy when superseded, obsolete, or no longer needed for reference.</p> <p>33. <u>State Agency Budget and Financial Report Files</u>                      These files are 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; SSA-1465A, State Agency Budget List of Positions; SSA-1465B, State Agency Budget Schedule for Administration; SSA-1466, State Agency Schedule for</p>		<p>DISPOSAL APPROVED</p> <p>DISPOSAL APPROVED</p> <p>DISPOSAL NOT APPROVED</p> <p>DISPOSAL APPROVED</p>